Winter 1971

Jefferson Alumni Bulletin – Volume XX, Number 2 Winter 1971

Jefferson
MEDICAL COLLEGE

ALUMNI
BULLETIN

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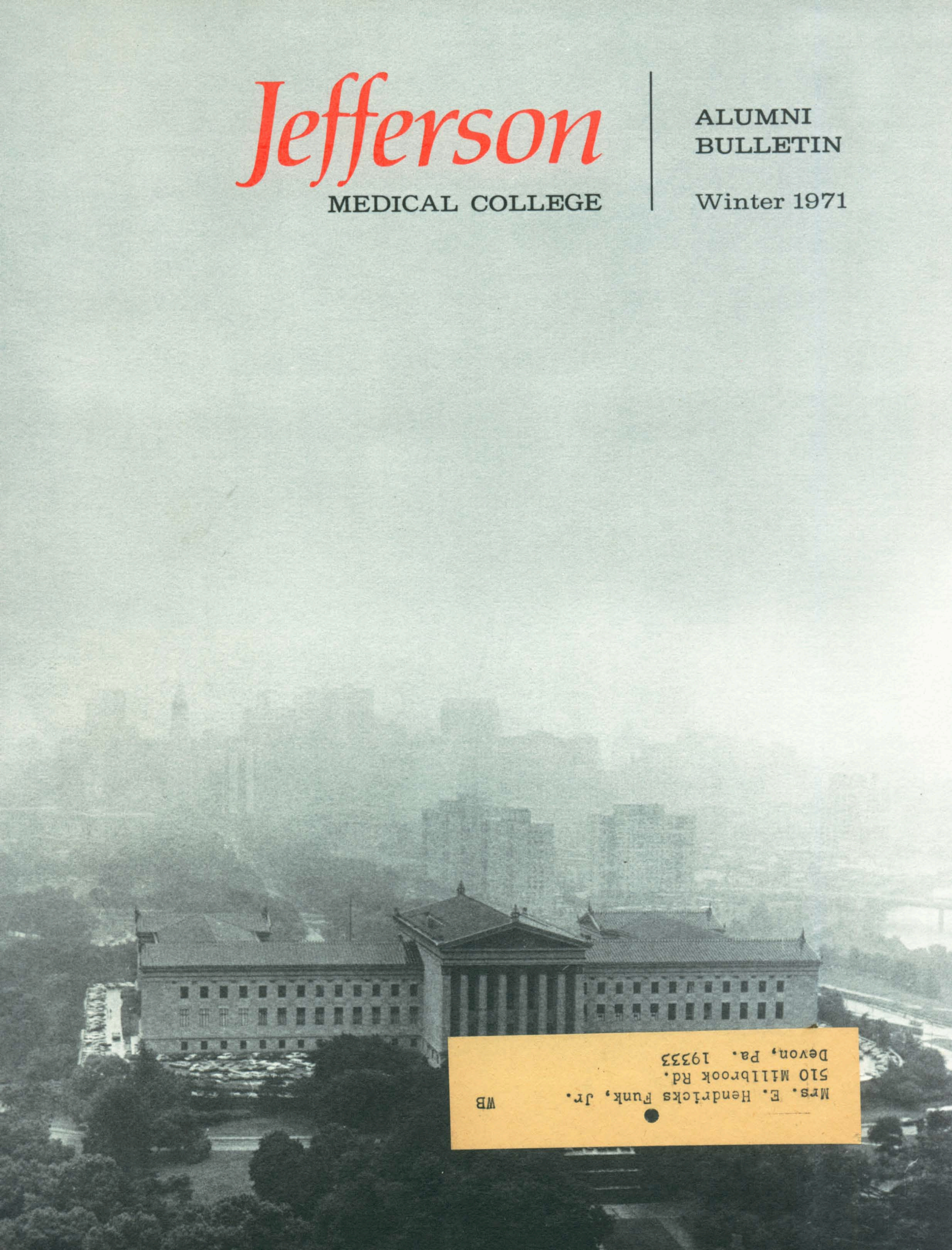


ALUMNI CALENDAR

March 9

Reception in conjunction with the meetings of the American Academy of Orthopedic Surgeons, Cliff Hotel, San Francisco

March 10

Dinner, Hotel Dorset, New York area alumni

March 19

Parents Day for sophomore students, College

March 21

Lecture and Reception in honor of return of the Gross Clinic and the conclusion of the Centennial Celebration of the Alumni Association

March 30

Reception in conjunction with the meetings of the American College of Physicians, Brown Palace, Denver

April 1-2

Postgraduate Symposium sponsored by Department of Otolaryngology, McClellan Hall, Jefferson Medical College

April 6-27

Alumni post graduate seminar, Russia, Finland, Denmark

April 28-29

Clinical Cardiology Symposium, McClellan Hall, College

May 3

Reception in conjunction with the American Society Clinical Research and American Society for Clinical Investigation meetings, Haddon Hall, Atlantic City.

May 5

Reception in conjunction with the meetings of the American College of Ob-Gyn, Cliff Hotel, San Francisco

May 5

Reception in conjunction with the meetings of American Psychiatric Association, Washington, D. C.

May 7

Dinner in conjunction with the Florida State Medical Society Meeting, Bal Harbour

May 14

Symposium on Glaucoma sponsored by the Department of Ophthalmology, College

May 19

Luncheon in conjunction with the meetings of the American Urological Association, Chicago

June 9

Reunion Clinics, reunion parties

June 10

Dedication of Scott Library

June 10

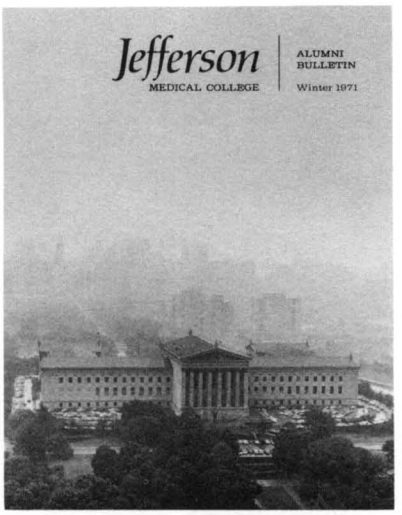
Alumni Banquet

June 11

Commencement, Academy of Music

June 7-11

Jefferson Art Show, sponsored by the Faculty Wives Club



IN THIS ISSUE

This issue of the Bulletin takes an ecological bent from Dr. Barry Commoner's visit to Jefferson to deliver the Rehfuss Lecture. Dr. Commoner's discussion of "Biology and the Human Condition" proved to be of such wide interest, it has been adapted here. The environment, in the form of the community surrounding Jefferson, also concerns Dr. Willard A. Krehl, Professor of Community Health and Preventive Medicine, in his article on "Community Medicine: The Fourth Leg." Dr. Robert C. Baldridge, Dean of the College of Graduate Studies of Thomas Jefferson University, talks about the graduate program in a feature beginning on page 15. The issue's "Profile" subject is a Jefferson Ph. D. and Director of the Clinical Microbiology Laboratories, Dr. Eileen L. Randall.

Credits: Cover photo, a skyline of smog provides a backdrop for the Philadelphia Museum of Art. Photo, courtesy, *The Philadelphia Inquirer;* pp. 10-17, 20, Gene Wieland; p. 19, Marianna Bottari.

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Page

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ELINOR BONNER, *Associate Editor*
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The Alumni Association of Jefferson Medical College
1020 Locust Street, Philadelphia, Pennsylvania 19107

Dr. Barry Commoner, who delivered the Rehfuss Lecture on November 19 at Jefferson, is Director of the Center for the Biology of Natural Systems, which he founded at Washington University, St. Louis, in 1966. For twenty years after he received his Ph. D. in biology from Harvard, Dr. Commoner was a research investigator in biochemistry and biophysics. He has been a forerunner in awakening the country to environmental dangers.

Biology and the Human Condition

It has become very clear to all of us that human welfare depends on the suitability of the environment in which we live. And this recognition, which comes fairly late, carries biology, the science of life, into the center of the stage. For in the environmental crisis there are at least two biological ideas which suddenly achieve an overwhelming importance.

One of these is the nature of the interconnecting cycles that make up the web of life on earth—the way in which one living thing depends on another. The disruption of these cycles by human action is the basic cause of environmental deterioration. And so there has been, as there should be, a very deep concern recently with that aspect of biology that deals with these interconnections-ecology.

The second biological idea which comes to the stage in the environmental crisis has to do with the biological character of man himself. For all of our arrogance about being the most important living thing on the surface of the earth, it is still true that man is a dependent part of the ecological cycle, of the ecosystem that envelops the surface of the earth. For everything we do, for our food, for our water, for the oxygen that we breathe, we depend on the activity of other living things. Even the removal of our waste is a service performed for us by other living things.

These two ideas: the nature of ecological processes, and the fact that man is, after all, an animal that must fit into this system, have become important to current thinking.

But there is a deep conflict between these two ideas. For, as human beings, we have good reason to be more concerned with the status of the human condition than with anything else. One begins to wonder: Are we more important than the whooping crane? Should we worry about saving the bald eagle as much as we do about the child who may be suffering from lead poisoning in the ghetto? As we try to understand the meaning of the environmental crisis we shall face this issue: the problem of seeing man as both a subsidiary part of the ecosystem, and as a uniquely important living thing.

In the last year or two we have all heard many horror stories about the environment. The air is polluted. The water is polluted. There is oil on the Schuylkill River. There is mercury in many of our rivers and lakes. I'm not going to tell you any more horror stories, because I have a rather firm faith in the efficacy of education, and I think by now most of us are well aware that there *are* environmental problems. We can see them, smell them and hear them. The time has come for us to think about why the problems exist. Because unless we can understand how we got into this mess, it will be very difficult to determine what we need to do to get out of it.

In other words, we have to begin to analyze the environmental crisis. We have to think about what factors are most important in bringing about the crisis. We need to diagnose the crisis and use the diagnosis to find a fundamental cure for the crisis. In the same sense a physician eventually has to turn his attention from the symptoms and begin to think about the treatment. That is what I want to discuss here.

Nowadays, the term "environment" is applied to all kinds of things, including interior decorating and pop art. The word has come to be used in many ways. I like to think of the environment as the thin skin of material on the surface of our globe. It comprises a few miles of air, a thin layer of surface water, and some inches of soil. In that thin layer are all the

living things on the earth, and probably all of the living things in the solar system. The history of the earth's skin shows that it has been changing dramatically since the appearance of life on the surface of the earth. For example, before life appeared on the surface of the earth, the air contained no oxygen. It was only when the first green plant appeared during the course of evolution that oxygen was produced and introduced into the atmosphere. Once that happened, it was possible for evolution to develop oxygen-consuming organisms, including man.

The evolution of living things and the evolution of the environment are closely connected. For example, water of a relatively pure composition is essential for all living things. And at the same time the chemical composition of the water on the surface of the earth is largely determined by the activity of living things. The properties of the soil on which living things depend are determined by living things. Even the temperature of the earth is controlled by the activity of living things. If all the green plants on the soil disappeared, the earth's temperature would change drastically, because much of the movement of water vapor is governed by these plants.

The environment can be seen, then, as a home which living things have made for themselves on the surface of the earth. It has been developed by a kind of reciprocal evolution, in which living things act on the environment and in turn are acted upon by the environment.

Everything that man is and does depends on the environment. Obviously we need food, water and oxygen, provided by the environmental system. Food is produced by the soil and by rivers, lakes and oceans. Oxygen is produced by green plants. The composition of water is determined by living things. It is perfectly clear that if we want to live properly on the surface of the earth, we must respect the properties of the environmental system on which we depend. For example, if we consumed, by some process, all the oxygen on the surface of the earth, we would perish. And we depend on the environment, not only for our bodily requirements, but also for all our economic and social functions. In a sense, the environment is the basic capital for production. If we want to set up a power plant and burn coal or gas to produce power, we must have oxygen, to burn the fuel. That oxygen is produced by a part of the ecosystem—green plants.

Very often people are convinced by the power of our technology that we have "conquered" nature, and no longer depend on it. This is an illusion. I suppose the farthest I have gotten from nature is sitting in a jet plane. There, miles in the air, in an aluminum tube from which you usually can't see the ground, surrounded by metal and plastic, nature seems very remote and unessential. But the plane is very much dependent on nature. The fuel that the engines burn is derived from petroleum; petroleum was produced by a fossil plant. The fuel is burned with oxygen, and the oxygen was produced by green plants. The aluminum is produced by using electricity to purify the ore. The electricity was very likely generated in a power plant burning coal and using oxygen, again natural materials. Gallons of water were used in the manufacture of every object in the plane. Thus, there is no way for us to conduct any productive activity on the surface of the earth, unless the environmental system that supports us remains intact. For that reason we must understand how the environment works—the laws of ecology.

There are several laws of ecology. One of them states that "everything is connected to everything else." The cow is connected to the humus, the humus is connected to the crop, the crop to the cow. All these constituents are connected together in the form of a cycle. If the cycle is halted at any one place, the cycle as a whole stops. This is characteristic of any environmental system. There are many cycles in the environment. They are all connected and together form a fabric, a network.

Because of these connections, what happens at one place will influence the cycle as a whole. Here is a simple example. In a primitive soil system, people were on the land with the cow and the grass. They would eat the cattle and convert the cattle into food, then waste, which would be deposited on the soil, incorporated into the soil system, and used eventually to nourish the crop. In other words, the human part of the system formed a loop in the basic cycle.

Then comes a technological development: the city. The development of a city takes people off the land and puts them in a concentrated place away from the land. Food is taken from the land and is brought to the city, consumed by the people, and converted into sewage. Now there is the problem of sewage disposal. So it is dumped into the river along which the city is situated.

This is a break in the natural cycle. Instead of the sewage, the organic waste, going back to the land, it goes somewhere else in the environment. And this illustrates the second law of ecology, which is also quite simple: "Everything has to go somewhere."

What happens to sewage that is dumped into water? In the water there is another ecological system. This time, instead of beginning with the cow, you can begin with a fish. The fish produces organic waste which enters the water. Bacteria convert the organic matter into inorganic materials; for example, nitrate. Then microscopic plants, algae, take up the nitrate and other inorganic nutrients and convert them into organic material. The fish eat the plants and the cycle is complete.

What happens when sewage is added to that cycle? Sewage is organic matter. You might think that it would be converted into fish; for broken down into inorganic nutrients it nourishes algae and, in turn, fish. But it doesn't work that way. Because what happens in the cycle depends on the natural rates of the processes. And the Achilles heel, the vulnerable part of this cycle, is the breakdown of organic matter. The bacteria that break down organic matter, require oxygen, for they oxidize organic matter. Now, the oxygen content of water is rather low; oxygen is not very soluble in water. As a result it is entirely possible to put so much organic matter into the water that all the oxygen will be used up. The bacteria simply asphyxiate themselves; they die. Then, that part of the cycle is blocked, and the whole cycle stops. Foul organic matter accumulates; the water becomes polluted.

Then technology—sewage treatment—is introduced to solve the problem. Sewage treatment is simply a technique for domesticating the microorganisms that break down organic matter. Artificial ponds are set up and provided with extra air; in these ponds bacteria convert the organic matter to inorganic products, which are then allowed into a river or lake.

For example, most of the sewage around Lake Erie is treated this way. Nevertheless, Lake Erie is polluted. Why? Because now the cycle is being stressed at another point. Introducing large quantities of nutrients from *treated* sewage, means the growth of quantities of algae. And when algae grow they form a thick layer. The algae at the bottom of the layer then don't get enough sunlight and soon the thick layer of algae dies. When they die they release organic matter into the water, which is exactly what you set out to avoid. Again, the ecological cycle breaks down.

This is the main water pollution problem in Lake Erie right now—the overgrowth of algae due to the fertilization brought about by the effluents of sewage treatment plants together with fertilizer leaching from the soil.

Immediately, one can see the real answer to the sewage problem. If in nature organic matter is assimilated into the soil, then that is where the sewage —being organic—belongs. In other words, the cause of water pollution is the break in the cycle. The cure is to reconstitute the cycle.

What is the basic cause of air pollution? The cycle in the air is called weather. When dirt and dust get into the air, rain or snow clean it out. If it rains or snows often enough you have clean air, providing you don't overburden it. The air over our cities is polluted because it is so overloaded that it doesn't rain often enough and move fast enough to clean it out adequately.

Dr. C. Wilmer Wirts '34, Clinical Professor of Medicine, introduced the Rehfuss Lecture with some background on the man in whose honor the lecture was endowed.

Martin E. Rehfuss was a member of the faculty of Jefferson Medical College for thirty-eight years. It was my privilege to be a student of his and at a later time participate in certain phases of gastrointestinal research in collaboration with him.

Dr. Rehfuss received his doctorate of medicine at the University of Pennsylvania. Subsequently he took extended postgraduate work in Paris and Vienna. During this time he developed a great interest in gastroenterology and devised a new form of gastric tube which permitted removal of multiple specimens of gastric secretions in the human stomach over a period of hours. This technique led to the development of the test that is now known as the fractional gastric analysis.

Upon returning to Philadelphia Dr. Rehfuss was appointed to the Jefferson Medical College faculty under Dr. Thomas McCrae, the Professor of Medicine. For the next ten years he collaborated closely with Philip B. Hawk, the Professor of Biochemistry, in the study of gastric digestion in the human, both in normal and disease states. This fundamental work resulted in widespread recognition of these investigators.

In all Dr. Rehfuss published over 200 articles in medical and scientific journals and was the author or co-author of four books. In 1936 he was appointed Professor of Clinical Medicine and in 1941 the Sutherland Prevost Professor of Therapeutics. In addition to his activity in research, teaching and as an author, he carried on a very active private practice of medicine. Many of his patients held him in high esteem as physician, friend and counselor.

Notable among these were Mr. and Mrs. Percival E. Foerderer. Mr. Foerderer was one of Philadelphia's leading industrialists and civic workers. He was life trustee of the Jefferson Medical College and for the last eleven years of his term he was Chairman of the Board. During this period he devoted much of his energy to the initiation of the expansion of the Jefferson teaching and building program. In 1965 Mr. and Mrs. Foerderer endowed the Martin E. Rehfuss Lectureship on Internal Medicine.

In every case environmental pollution represents a disruption of a natural ecological cycle. Why have we allowed these disruptions to occur?

Recently my group has been studying the origins of some pollution problems in the United States. Most of these problems have become acute since World War II, since 1945. In general there has been about a 2 to 20 fold increase in pollution levels since 1945.

For example, the amount of phosphorus (which causes algal overgrowths) that enters United States surface waters annually has increased by about 500% since 1945. The annual amount of nitrate, which can also contribute to algal overgrowths, has increased by about 250%. Los Angeles had no smog before 1943; now it has a great deal of it, and smog troubles almost every large city in the country.

How can we account for such increases in the pollution level since 1945? Some say that the chief reason is that we have too many people. After all, people are polluters. If this theory were correct we should find that since 1945 the population has increased sufficiently to account for, say, a ten-fold rise in pollution levels. But the population has only increased forty-three percent in the United States since 1945, not enough to account for our pollution problems.

In response, some say, that the real problem is not only that there are more people, but that we are so much more affluent. The United States is the worst polluter in the world. We represent only six percent of the population of the world, but we consume fifty percent of the resources and therefore do an enormous amount of polluting. Our increased affluence is what causes pollution. Or so it is said.

This view, too, can be examined factually—and turns out to be inaccurate. What do we mean by affluence? We can consider it as wealth per person. To measure our affluence, then, we need to ask, for example, how much food do we use per person? How much clothing do we use per person: How much beer do we drink per person?

The data in the figures bear on those questions. They show what has happened in the United States since 1945 to the per capita utilization of resources. My aim is to examine the significance of three factors that might influence the marked increase in pollution levels in the period 1946-68. One is the size of the population. Another is affluence, or consumption per capita. The third is the nature of the technical means that we use to satisfy human needs.

Figure 1 shows the change in 1946-68 in an overall measure of affluence, the per capita Gross National Product. This tells us how much wealth has been available per person. In 1946 it was a little over $2,000 per capita. In 1968 it was about $3,500 (expressed in 1958 dollars to compensate for inflation). In this respect, affluence has increased about fifty percent in 1946-68—not enough to explain a ten-fold rise in pollution. Since the Gross National Product is of course, an overall average, we need to look at consumption in more detail.

What about food consumption? Food consumption is an important ecological indicator because it depends directly on the soil ecosystem. Are we producing so much food that we have overstressed the soil ecosystem and have therefore caused pollution?

Figure 2, from United States Department of Agriculture, shows the changes in per capita food consumption. Since 1945, we are using, annually, somewhat less carbohydrate per capita, a little more fat, a little more protein. But on the whole there has been no real change in per capita consumption of food; we are certainly no more affluent than we were with respect to food consumption.

Nevertheless, agriculture is now polluting the environment. Why? Because now we are not putting organic matter back on the soil. Not only are people separated from the soil, but cattle as well. They are

FIGURE I

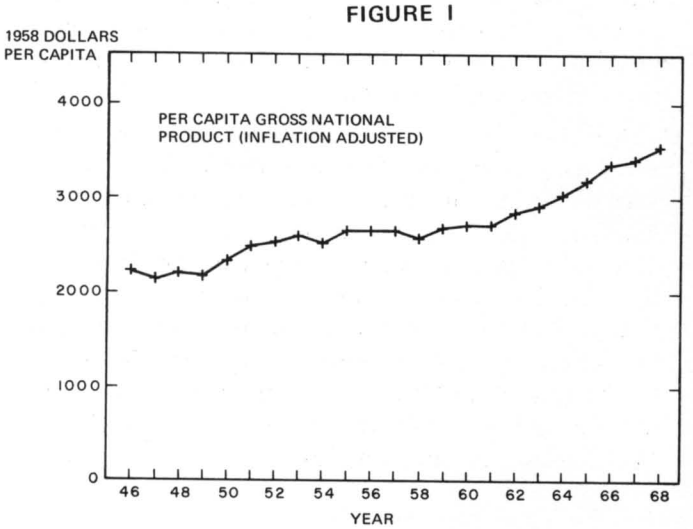
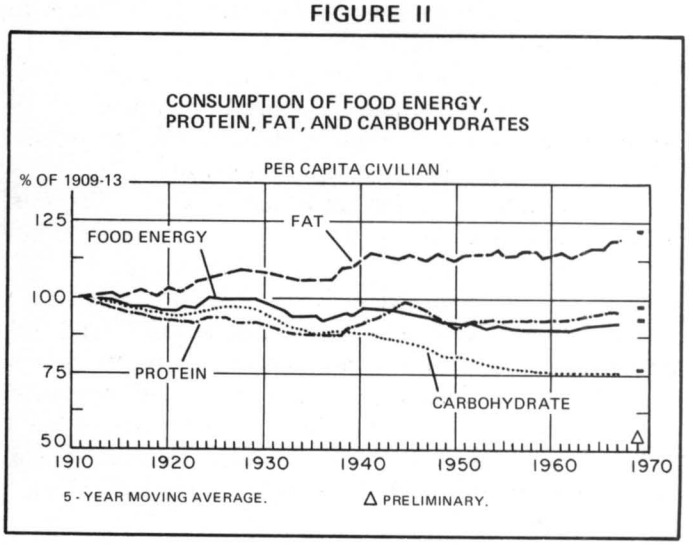


FIGURE II



kept in feedlots where the organic waste that they produce is often dumped into a river and fails to return to the soil. The amount of organic waste produced by cattle in the United States in feedlots is larger than the organic material in the sewage produced by all the country's cities. In other words, we have a sewage disposal problem which is twice what we think it is; and there are very few bond issues floated for those cattle.

While this is going on the soil gradually loses its original organic matter—humus. To counteract this loss of nutrient, we use increasing amounts of inorganic chemical fertilizers. Nitrogen fertilizer usage has gone up fourteen-fold since 1945 in the United States. However, such fertilizer is used inefficiently by the crop, for as the humus content declines, so does the soil's porosity, and therefore the amount of oxygen reaching the plant's roots. And oxygen is needed for efficient nutrient absorption. Under these circumstances, some of the inorganic nitrogen fertilizer leaches into surface waters, where it contributes to algal overgrowths, and so to pollution. Ninety-nine percent of the nitrogen causing water pollution in the rivers that go through the farm-land of Illinois comes from fertilizer.

So we are producing the same amount of food per capita, but we're doing it by new technical means: intensive use of fertilizer and feedlots, which cause water pollution. In this case, clearly, pollution is not due to the fact that there are forty-three percent more people in the country; it is not due to the amount of food people use. The chief cause is that we have introduced new technological means of growing food, means which disrupt the ecological cycle and cause pollution.

In Figure 3 the top curve is the per capita production of steel in the United States in 1946-68. Of course, it shows ups and downs. But the net change is a very slight increase in per capita production. This is true of most metals such as copper, zinc, and so on. With one exception; that is shown in Figure 4. Aluminum. The middle curve is the per capita production of aluminum; it has gone up about four-fold. This is a significant change, for aluminum is a polluter. Why? Take the aluminum beer can. You now see a lot of them around, as opposed to steel beer cans, because steel rusts whereas aluminum doesn't. But more important, is the fact that it takes about several times more electrical power to produce an aluminum beer can than it does a steel beer can. Switching from steel to aluminum increases the demand for electric power. This means burning more coal and oil, and polluting the air. Again, this represents a technological shift in production that increasingly stresses the environment.

FIGURE III

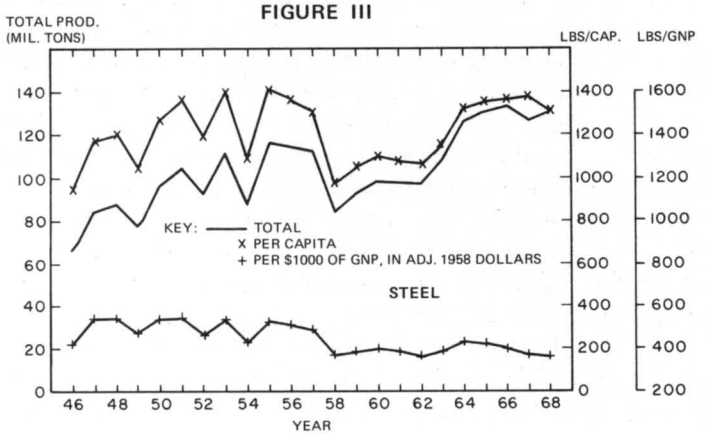


Figure 5 relates to fibers. It shows that in the period 1946-68 cotton and wool production have declined, while the production of synthetic fibers has increased. However there is no change in the per capita production of *total* fiber.

However, synthetic fibers contribute more environmental pollution than natural ones. After all, cotton is produced in a very economical way, energetically. The energy required to synthesize the cotton fiber is absorbed by the cotton plant from the sun, at no cost. Nothing is burned; there is no pollution.

FIGURE IV

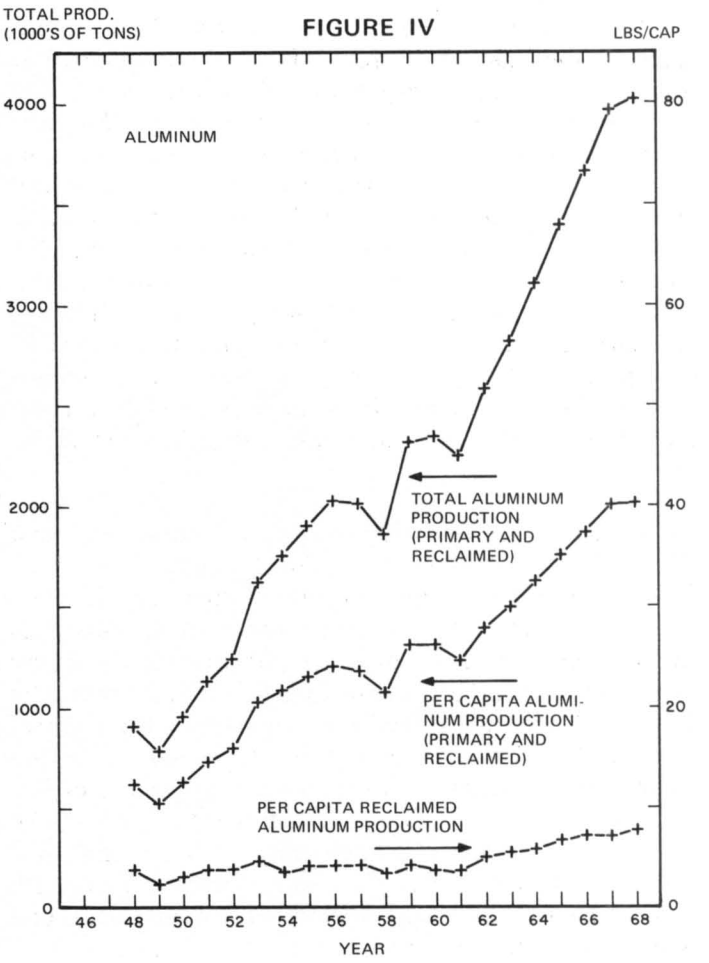


FIGURE V

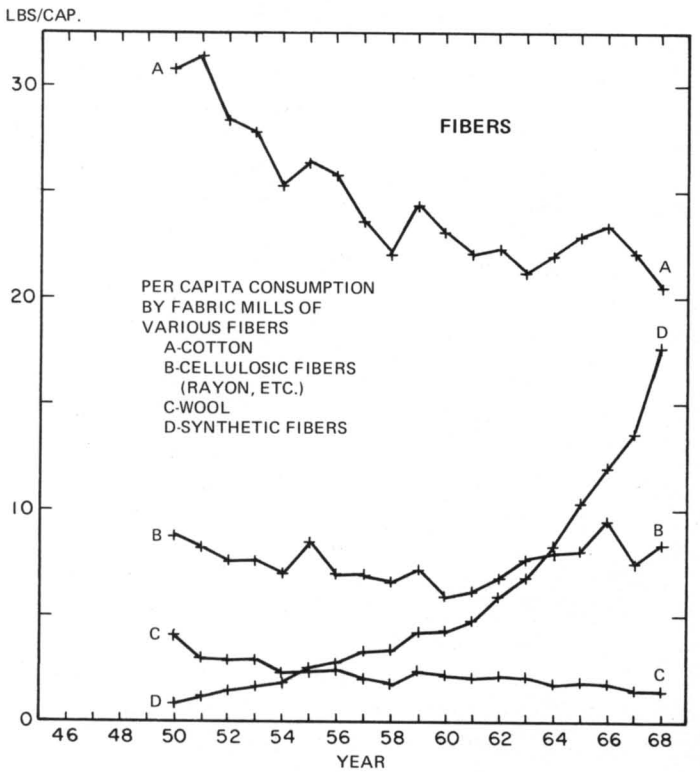
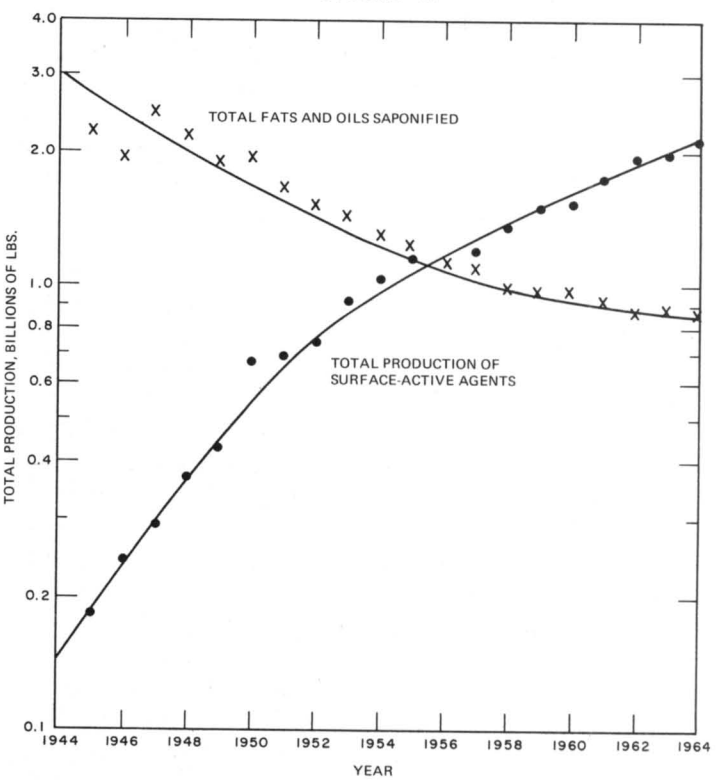


FIGURE VI



Then along comes the chemical industry with a synthetic "improvement" over cotton. And it has benefits, such as less ironing. But, in environmental terms, there are important disadvantages: the amount of energy required to synthesize the new fiber, the resultant pollution, and the use of a non-renewable resource. The raw material for the cotton fiber comes from the air; but the raw material for a synthetic fiber comes from petroleum or a similar non-renewable resource. Moreover, in order to extract desired raw material from petroleum, it must be isolated from many materials. This means working against entropy; this requires energy, for example, for distillation. Finally energy is needed to combine the constituent molecules into the synthetic fiber.

As a result it requires probably ten times as much power to produce a pound of synthetic fiber as a pound of cotton. That power pollutes the air. And the substitution of synthetics for natural fibers is one reason why our power requirements are going up. To make matters worse for the environment, the fiber produced synthetically is not part of the natural cycle and will therefore not be degraded. A cotton shirt can be turned into compost. For example in European compost plants, cotton waste is shredded and composted with sewage and garbage and thus goes back into the soil. But this can't be done with a plastic shirt. It is not biologically degradable and is eventually burned and pollutes the air.

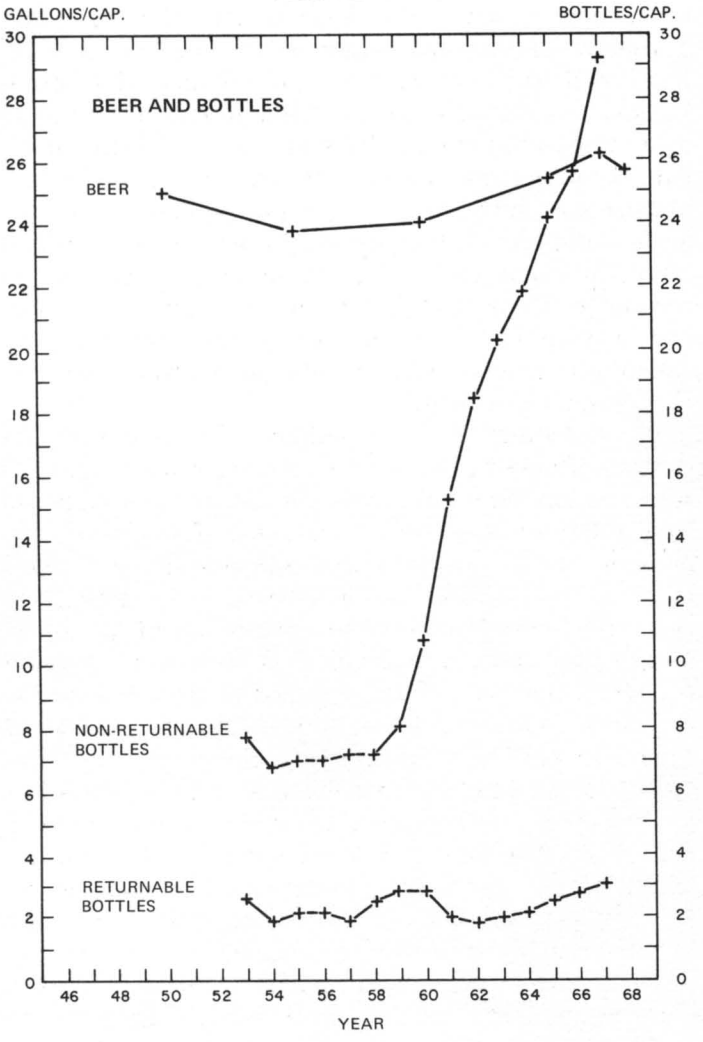
Figure 6 shows how the production of synthetic detergents has replaced the production of soap in the United States since 1946. Soap, made of a natural material, fat, has been largely replaced by synthetic substitutes. Per capita we use about as much cleanser as we did before, but now we clean ourselves and our clothes with synthetic detergents. Unlike soap the non-degradable detergents aren't broken down by the bacteria in the sewage system. The so-called degradable ones are only partly broken down; what remains is a benzene ring which is eventually converted into phenol, or carbolic acid. Even the so-called degradable detergents introduce into surface waters carbolic acid, and phosphate. The latter stimulates algal overgrowths; both lead to water pollution.

A lot of people have the attitude toward synthetic compounds that these must be very good because they are made by man, the cleverest animal on earth. I want to suggest exactly the reverse, that wherever we introduce a new synthetic material into nature on a large scale, it is very likely to cause trouble. Living things can carry out enormous numbers of interconnected biochemical reactions, but in the course of evolution they have had two to three billion years of trial and error to work out a system of compatible reactions. The chances are that anything that a living thing doesn't produce now is really not compatible with the rest of living chemistry. Our experience with synthetic organic chemicals, introduced into the environment on a large scale, has

been disheartening. In addition to the previous example, there is DDT. We now know that in many places insect pests have increased in number because DDT has killed off the natural predators and parasites that attack these pests, while pests have become resistant to DDT.

The problems are endless. To make organic chemicals the reagents often need to be chlorinated. As a result chlorine production has gone up about twenty-fold since 1945. Chlorine is usually made by passing electricity through a solution of sodium chloride; mercury is often used to carry the electric current. The amount of mercury used for chlorine production has gone up more than thirty-five-fold since 1945 also. This has become a major cause of water pollution in the United States, because for every ton of chlorine that is produced a few tenths of a pound of mercury is discharged into the water. The mercury is attacked by aquatic bacteria and converted into methyl mercury; the methyl mercury is taken up by fish; the fish are eaten by people, and mercury is toxic. Thus, we have now a serious mercury pollution problem in part because we make chlorine, to produce synthetics, such as plastics and DDT. Again, this is a source of the environmental ecological crisis.

FIGURE VII



Smog is another example of how new technology leads to environmental pollution. The compression ratio of the average auto engine has more than doubled since 1925. That is the cause of smog. Why? When the pressure in an engine cylinder is raised, so is the temperature; the average temperature has gone up about 300 degrees since 1925. And, when the temperature of air in the engine cylinder is raised the nitrogen and oxygen in the air begin to interact, producing nitrogen oxides. When the nitrogen oxides get out of the exhaust they are hit by sunlight, converted to very reactive material which combines with the waste gasoline, and forms smog. If it weren't for the production of nitrogen oxides we would not have smog. And the reason we have nitrogen oxides is that the gasoline engine has been "improved" by raising the compression ratio.

This technological improvement violates an ecological law which says, so to speak, "Thou shalt not combine oxygen with nitrogen." Nature abhors this particular molecular combination. Unaware of this ecological principle, the Detroit engineers produced an engine which produces nitrogen oxide — and, therefore, smog.

Figure 7 has to do with beer. It shows that the per capita consumption of beer hasn't changed since 1945. Nevertheless, beer drinking is now worse than it was for the environment. Why? Because the beer is now contained in non-returnable bottles that pollute the environment.

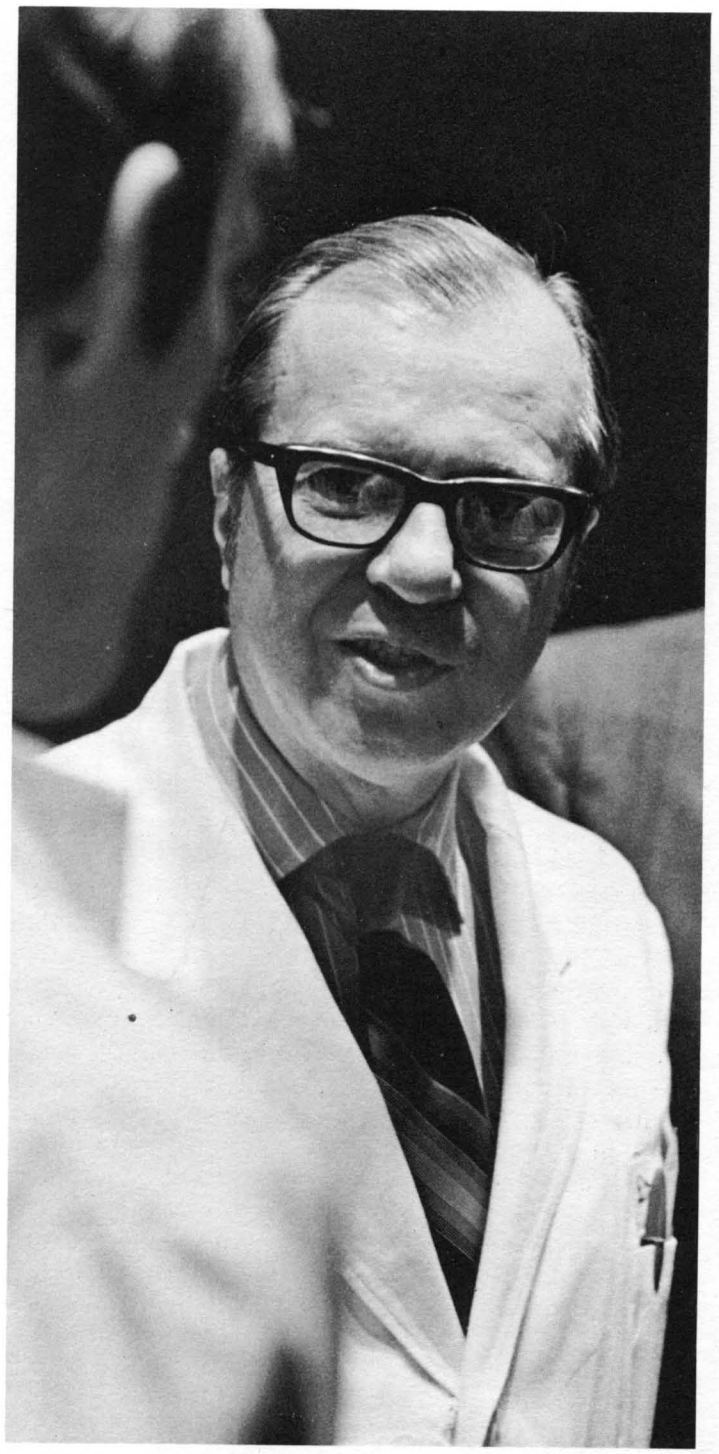
So we have to think about the benefits and risks of all these technological improvements. Chauncy Starr, an engineer in California, has done an interesting calculation on various human activities. He finds that people tolerate about 10,000-fold higher risk when the action involved is voluntary, rather than involuntary. Our society, appears to have established, as a moral principle, that it is proper to take a larger risk when it is taken voluntarily.

This principle is very relevant to the environmental crisis. Environmental pollution represents an involuntary threat, but one which is not directed toward ourselves but to generations that have yet to be born—who have no recourse. I think that most of us are beginning to feel that the environmental crisis confronts us with a new moral responsibility. Our responsibility toward future generations requires that we take fewer risks with the environment than we would take if the effects were directed toward ourselves.

This is the new morality which is essential, if the environment—and man—are to survive.

Community Health: The Fourth Leg

by Willard A. Krehl, M.D., Ph.D.



Dr. Krehl discusses community involvement with a student.

Medical schools traditionally have placed emphasis on three major areas: the education of the undergraduate and postgraduate students, patient care, particularly as it relates to the teaching program, and research. The continually changing scene in contemporary health care delivery and the recognition that medical schools must expand their interest to better serve the community have necessitated the addition of a fourth leg to the tripod of medical education. This fourth leg is *Community Medicine*. There is little doubt that health care delivery and medical education are in a period of change and stress. In fact, the medical school is now a key part of a larger academic health center which is concerned with delivering health services and the development of broad categories of health care personnel to function hand in hand with the physician in the delivery of comprehensive health care to the community. This represents then a broadening base of concern for the medical school and the medical educator. It should be emphasized, however, that the primary obligation of this more complex health center, in which the medical school plays a chief role, remains educational. Its responsibility is the training of as many young men and women to serve the health care needs of the community as is consistent with the over-all resources of the medical college.

What factors have stimulated this emphasis on community medicine in the medical schools and interest in having a greater reach into the communities that relate to the medical centers? There is an increasing awareness that the delivery of health care is a national crisis that has been made critical by the recognition that access to quality medical care is a right and not a privilege. This increasing demand for medical services has led to many frustrations for the consumer and caused him to become critical of the health care system. Interestingly enough the criticism is leveled not against doctors as individuals but against the whole system by which health care is delivered. The consumer is recognizing that quality health care is not equitably delivered throughout all of the strata of society, and certainly is inadequate in many rural areas and in the ghettos, particularly those of urban centers. There is criticism that the translation of the fruits of biomedical research to

the patient is often slow, and broad gaps exist in the application of validated clinical research knowledge.

It is realized more generally that after age fifty, life expectancy, despite all of our biomedical research advances, has not improved significantly. Mortality and morbidity particularly from heart attack and cancer continue to increase. We only recently have reversed the trend of mortality from strokes. Furthermore, since 1950 the United States has dropped substantially in its ranking with other comparable countries on such health indices as infant mortality and others. Frustration and anxiety are increasing as the costs of health care increase to the neighborhood of $65 billion in the United States. People ask if they are getting an adequate return on their health care dollar.

From the medical school point of view, the burden of adding increasing numbers of medical students and the development of programs for training allied health personnel has become almost insurmountable. The financial resources of most medical schools have reached the point of exhaustion and an increasing load has been placed upon the faculty to do the job of medical education.

Another major criticism leveled against medical institutions, including medical schools, has been their failure to include the consumer in the planning and decision making relative to health care delivery. We have directed more than we have listened. This becomes particularly important in the development of neighborhood or community health care centers in which medical schools attempt to bring comprehensive health care to the surrounding community. In short, we are learning that you just cannot plan for people, but must plan with people.

the jefferson scene

Jefferson Medical College has an established tradition of placing great emphasis on producing doctors who practice medicine and who serve their communities. The great number of Jefferson alumni in practice attest to this tradition. It is to the credit of the administration, the trustees, the faculty and the students of Thomas Jefferson University and its health colleges that they have recognized the need for the University to become involved in community health care problems. Several steps have been taken. Recognition has been given to the potential role of the Department of Preventive Medicine as the coordinator between the specialty departments of the medical college and the outside community. With this in mind the name of the Department has been changed from Preventive Medicine to Community Health and Preventive Medicine.

There has been a further recognition of the need to develop greater numbers of primary physicians capable of rendering comprehensive health care to the entire family. This emphasis is consistent with the new development of the specialty of family medicine with a focus on health maintenance and preventive aspects of medicine. A new Division of Family Medicine in the Department of Community Health and Preventive Medicine provides a base for this development.

involvement of the family practitioner

The Curriculum Committee working in support of the emphasis on community and family medicine and prevention of disease, has provided additional teaching hours particularly in the freshman and sophomore years. It is felt that the student should have an earlier opportunity in and exposure to problems, rewards and objectives of family practice. For this purpose a teaching program has been developed cooperatively with the Department of Community Health and Preventive Medicine through its Division of Family Medicine, with the support of the Pennsylvania Academy of Family Practice. A series of lectures by visiting family practitioners, emphasizing the principles and practice of family and community medicine, is being given in the winter quarter. In addition, plans are developing to provide opportunities for freshman students to function as preceptors in the offices of selected family practitioners in cooperation with the Department of Community Health and Preventive

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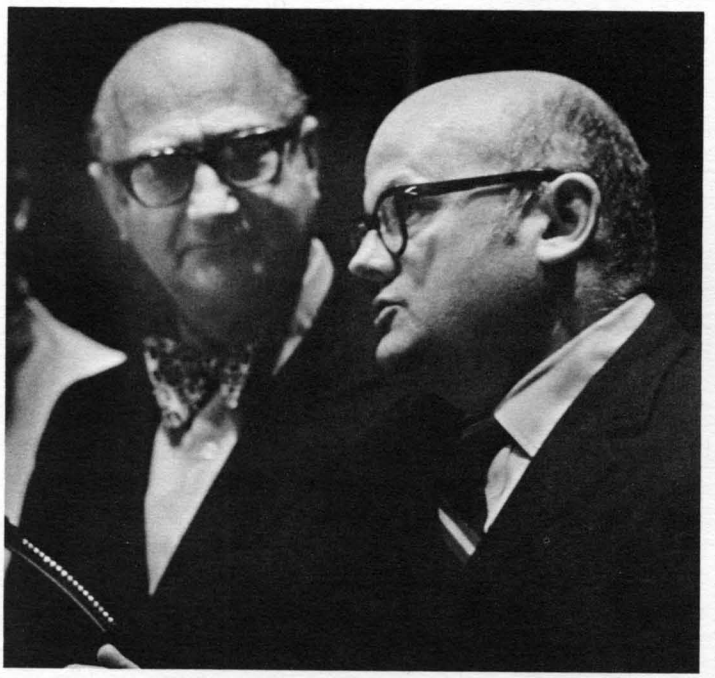
Dr. Krehl was Professor of Internal Medicine and Coordinator of the Iowa Regional Medical Program for Heart Disease, Cancer and Stroke, before coming to Jefferson as Professor and Chairman of the Department of Community Health and Preventive Medicine last year. He holds a Ph. D. from the University of Wisconsin and an M. D. from Yale.



Dr. Robert G. Hale '51, (top), President of the Pennsylvania Academy of General Practice, Dr. Franklin C. Kelton and Dr. Bernard B. Zamostien '37, (bottom, left to right), are visiting lecturers in the Division of Family Practice.

Medicine and its Division of Family Medicine. It is anticipated that this preceptorship program will also be offered as an elective for carefully selected students during the course of their medical school career.

the medical school and the community

The Department of Community Health and Preventive Medicine serves ideally as a coordinator between the medical college and the community which, of course, includes the hospitals and the health professionals practicing within the community. In order for Jefferson Medical College to substantially expand its student body, there will be an increasing need for cooperative institutional relationships between Thomas Jefferson University, its hospital, health colleges and other health care institutions of the community.

We might then envision development of a medical school literally without walls with an increased freedom of exchange between the faculty of Thomas Jefferson University and its health colleges and the staff members of health institutions where relationships have been developed. This has a number of significant advantages in medical education. One is that the spectrum of health care problems brought into any University medical center does not represent the broad spectrum of health and medical problems that physicians face in their daily practices. In our health centers there is a greater emphasis on serious and complicated medical problems, which, of course, are important and must be studied and understood.

At the same time, they do not provide students with sufficient exposure to the many routine problems seen in every day medical practice and how these problems relate to the total family structure. The student working in a carefully supervised environment of a community hospital, health care center or physician's office will benefit, not only from the different kinds of problems seen, but also from the differing approaches taken to their solution. A continuing educational exchange between the faculty of the medical school and the staff of related institutions in the community will be mutually beneficial and should provide an environment in which medical education can flourish. Obviously, the development of these institutional relationships is not the prerogative of the Department of

Community Health and Preventive Medicine, but this Department would be most supportive in a coordinating role.

A medical school is a professional school and as such has obligations different from those of the traditional universities who may stand on their base of timelessness and detachment from immediate problems and their solution. It is increasingly recognized that medical schools must accept some level of responsibility for developing and operating new health care delivery systems, at least as demonstration units. Further, these must be used in the educational experience for students. In order to achieve these goals, medical schools must be willing to recast their educational and curriculum structure to accommodate to these changes and directions in medical education. It is hoped and anticipated that the Department of Community Health and Preventive Medicine would again function in a coordinating role in these matters and would also serve as the mediator for establishing dialogue with the consumer and the community.

Medical schools, medical educators and medical alumni are now cast in very demanding roles. A great deal is expected of them, and the resources for carrying out these expectations are limited. This is now the time, however, for all components of medicine and the health care system to assume greater individual responsibility and to work cooperatively to achieve the ultimate goal of providing quality medical care and increasing health maintenance for all people.

community medicine at jefferson

There are areas in South Philadelphia where ready access to medical care is quite limited. This has placed increasing pressure on emergency rooms of the various health care providers for South Philadelphia, and, of course, represents an inappropriate utilization of these emergency facilities. Recognizing the need for a cooperative effort to improve health care delivery for this area, a consortium has been developed between the major providers of health care in South Philadelphia and representative consumers of this area. This development has resulted in the organization of the South Philadelphia Health Action, Inc., which attempts to deal with the complex problem of delivering health care to 300,000 people in a coordinated and cooperative way. Thomas Jefferson University, its health colleges and hospital have played an important role in cooperating with the other health care providers for South Philadelphia in the evolution of this Health Action group. It is anticipated that Jefferson will retain its major role as a health educator at all levels serving the special need of other providers and consumers in the South Philadelphia area. In addition, Jefferson will develop plans for the development and implementation of a community health center providing comprehensive health care to a community of approximately 30,000 people.

This community health center would serve as the "primary" physician. It would utilize the health resources of the community to the fullest capability, but recognize the importance of appropriate referral of those medical problems which can be handled best in the more sophisticated environment provided by the specialty referral clinics and the inpatient facilities of Jefferson Hospital. The proposed community comprehensive health care facility would provide a basic demonstration unit as a part of the developing academic health care center for Thomas Jefferson University and all the health care facilities would work cooperatively to serve as an educational base for all of those involved in the development of health professionals.

Again it is anticipated that the Department of Community Health and Preventive Medicine would serve in a coordinating role in these developments with a major emphasis on health maintenance and preventive medicine. It should be emphasized that these new community developments place a high priority on the utilization of the community physicians, particularly, the family physician.

the modern medical student

A word must be said in support of the current crop of medical students toward which we are devoting our major interest and educational emphasis. Occasional words of criticism are leveled against the contemporary medical student, perhaps because of the mod look and the long haired, bearded mustachioed appearance of some. It would be most unfortunate

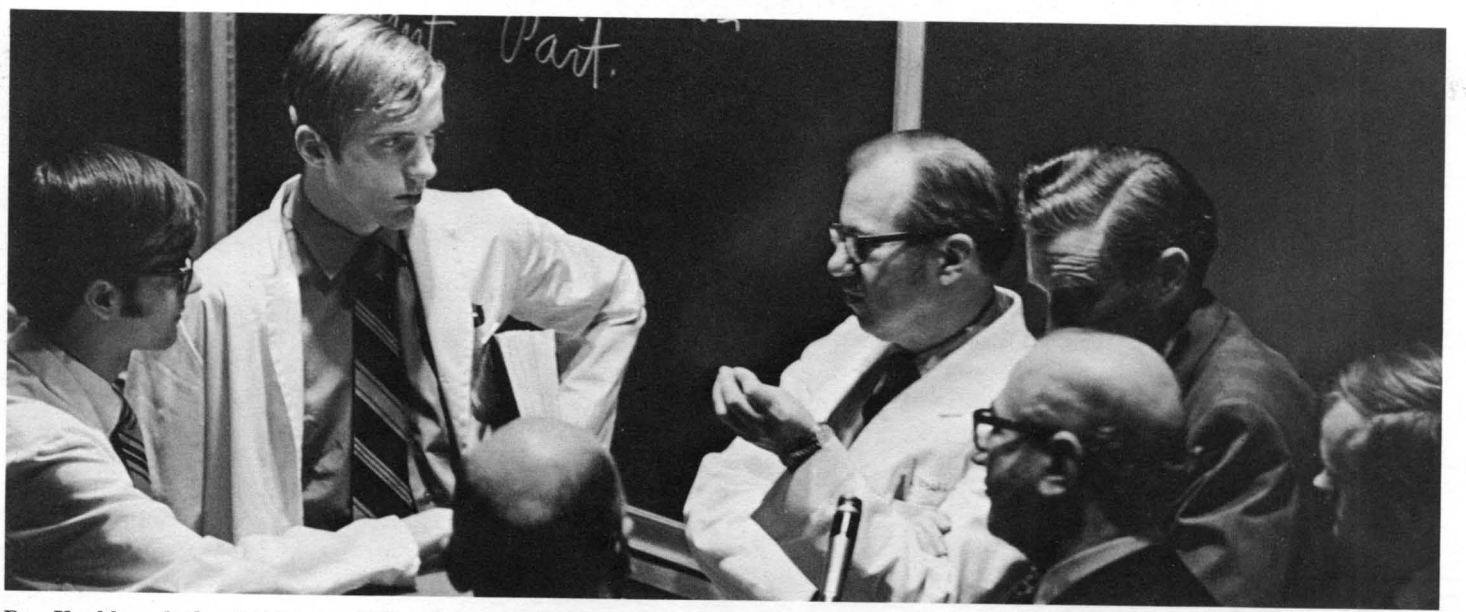
for external appearances to create false impressions and improper judgments. First of all, it should be emphasized that the medical student in Jefferson today has been very carefully screened and selected from hundreds of applicants. It is my firm belief that the Selection Committee has done a superb job.

Our modern student comes to Jefferson far better trained, more knowledgeable and certainly more sophisticated than a great majority of students of earlier classes. It is possible that the current medical student exhibits a level of intensity and concern for contemporary social problems that may be interpreted as excessive and unduly "liberal." It is my belief that the concerns of the students are genuine and reflect a much higher level of social consciousness than is generally seen in medical school classes. There is a strong current of humanism which unfortunately has often been lacking. We should wish to preserve this! Again some of these concerns and feelings may reflect themselves in vigorous ways and sometimes loud voices.

I would prefer this to apathy, indifference and an excessive pursuit of self-centered goals. Perhaps above all, the present day student wants to be involved. He wants to have his opinions considered and his thoughts and proposals weighed alongside those of others, including the faculty and the administration. Certainly the administration and faculty at Jefferson have attempted to include students in most developments and medical school activities including those in the area of community and family medicine. This I believe to be a healthy and hopefully productive mechanism. We all have much to learn from students the same as they have much to learn from the faculty and our alumni.

the alumni

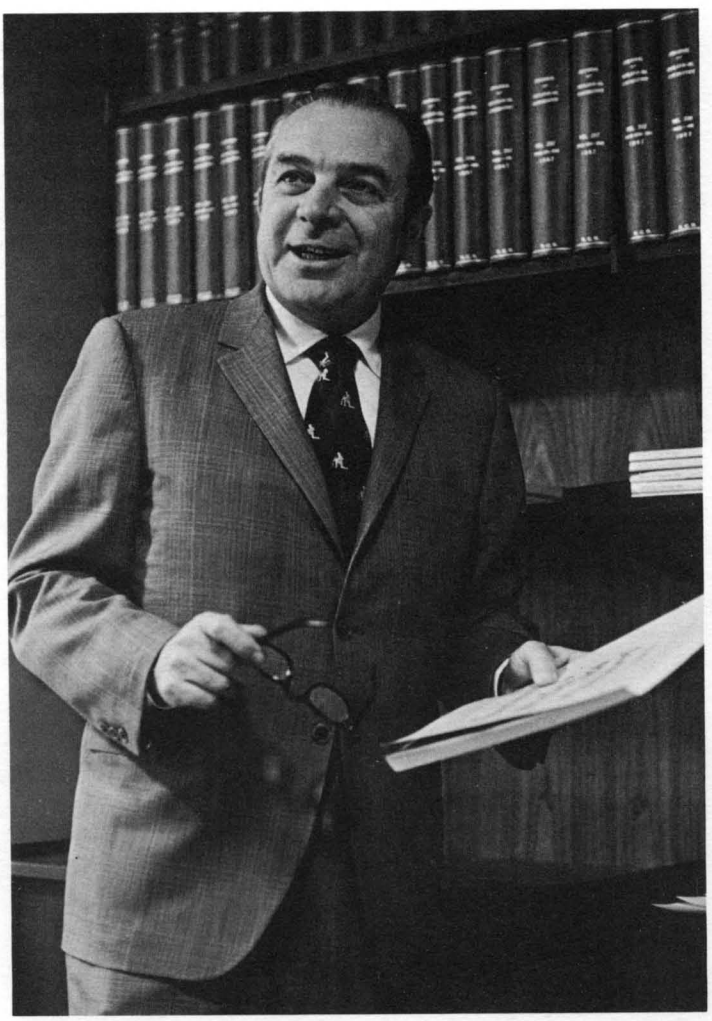
Certainly nobody has contributed more to the quality and character of medical education at Jefferson than its alumni. They have been supportive, not only financially, but intellectually and spiritually. In the area of development of community and family medicine, no group is more important than the alumni of Jefferson, particularly since our alumni are so liberally and widely distributed in the area of Pennsylvania. We look to them for continued support and encourage their comment and criticism in our developing program of Community Health and Preventive Medicine. With understanding and support, we believe that Jefferson can successfully weld community medicine as an important fourth leg in its medical education program.



Dr. Krehl and the Division of Family Practice lecturers answer questions from students William H. Meyer, James A. Kenning, from left, and Franklin C. Kelton, Jr., far right.

College of Graduate Studies

by Robert C. Baldridge, Ph.D.



Dr. Robert C. Baldridge has twenty years of teaching experience behind him. He came to Jefferson from Temple University Health Sciences Center, where he was Associate Dean of the Graduate School and Assistant Vice President for Research. Prior to that he taught at the University of Michigan, where he received his Ph.D. At Jefferson he is Professor of Biochemistry and will continue his teaching and research in biochemical genetics.

The man whose name we take for our institution was among the first to propose the creation of a national university. And it was a Philadelphia physician, Benjamin Rush, who in 1786 urged that a system of education be created in Pennsylvania extending to the post baccalaureate level. Both proposals proved visionary for the times, and private colleges assumed the task of providing higher education for the people of the nation.

The first Ph.D. degrees in America were granted in 1861. Graduate education in this country had its real beginnings some twenty to thirty years later, however, at institutions such as Johns Hopkins and the University of Chicago. Graduate education has expanded considerably in the last century, especially since World War II. Today almost three hundred institutions are engaged in serious post-baccalaureate education, evidenced by their membership in the Council of Graduate Schools in the United States.

In its early days Jefferson produced Doctors of Medicine exclusively. It was not until March 15, 1949 that a body was established with the responsibility to provide programs leading to the Master of Science and Doctor of Philosophy degrees. It is the Board for the Regulation of Graduate Studies in the Basic Medical Sciences within the Jefferson Medical College of Philadelphia. The chairmen of the basic science departments along with the Dean of Jefferson Medical College, then Dr. William H. Perkins, and an elected secretary made up the Board.* From the very beginning the goal of the graduate program was to produce learned scholars,

> "with emphasis on depth of knowledge and on the cultivation of those tools and habits of mind which enable a man to go beyond what he has learned and to exercise independence in the understanding of his chosen branch of knowledge and in advancing it," as described by Moody Prior.[1]

That initial Board meeting set certain standards which are still valid for the current program.

> "It is not the intention of this Board to favor the admission to graduate

*The original members of the Board were: George A. Bennett, M.D., Professor of Anatomy; Abraham Cantarow, M.D., Professor of Biochemistry; Peter A. Herbut, M.D., Professor of Pathology; Kenneth Goodner, Ph. D., Professor of Bacteriology and Immunology; Charles M. Gruber, M.D., Professor of Pharmacology; Jacob E. Thomas, M.D., Professor of Physiology; William H. Perkins, M.D., Dean; W. G. Sawitz, M.D., Secretary.

> studies of persons who are merely passing away time while waiting for another opportunity which seems to them more desirable, nor is it the intention of this Board to allow these courses to be used by persons who wish to validate their scholarship for the purpose of improving chances for admission to a medical school."

Graduate education at Thomas Jefferson University has advanced considerably since 1949. As noted in Table I, the enrollment almost doubled during the first half of the sixties from about twenty-five students in the first ten years of the program. In 1970-71 enrollment reached nearly one hundred students. Not evident in the statistics is the shift in emphasis from master's to doctoral programs. Whereas in the nineteen fifties and early sixties, thirty-five per cent of the students were enrolled in master's programs, less than ten per cent were so enrolled in the past five years. Today ninety per cent of the students aim toward the Ph.D. degree.

The total number of Ph.D. degrees conferred by Jefferson exceeds one hundred. As shown in Table II, the rate of production has increased from an average of two or so per year during the early fifties to ten in 1970. The largest numbers of these degrees have been in pharmacology and physiology with lesser numbers in microbiology, pathology, biochemistry and anatomy.

TABLE I
Enrollment Data

1949-59	24 (17-33)
1959-64	43 (40-47)
1964-65	58
1965-66	67
1966-67	72
1967-68	82
1968-69	76
1969-70	92
1970-71	98

TABLE II
Degrees Conferred
1950-1970

	1950-54	1955-59	1960-64	1965-69	1970	Total
Ph.D.	11	17	28	42	10	108
M.S.	18	8	23	23	2	74

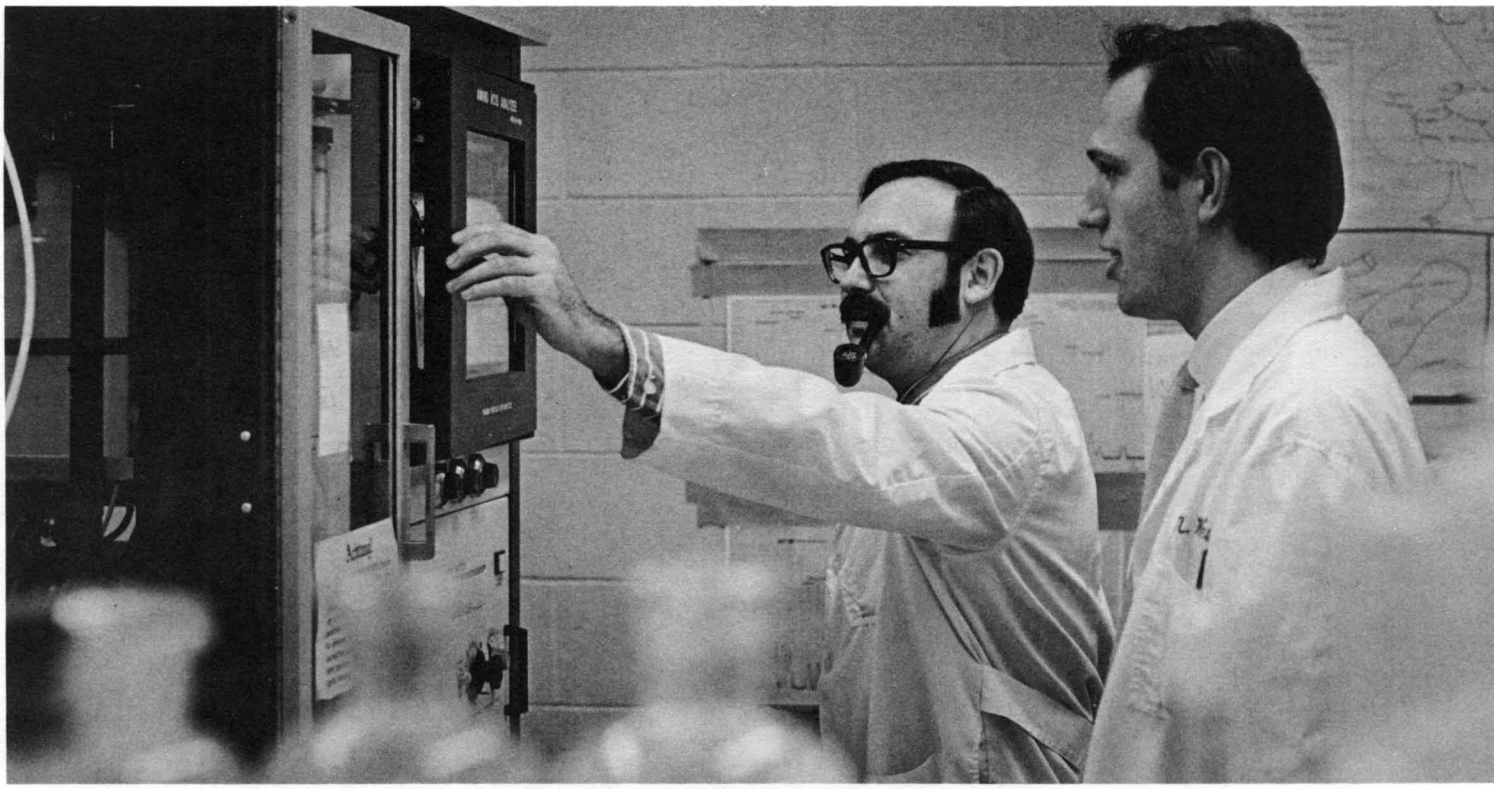
In addition to programs in each of the basic sciences, we now have a Ph.D. program in physics, begun in 1969. This is conducted at the Bartol Research Foundation of the Franklin Institute in Swarthmore. A master's program in preventive medicine was approved in 1970.

The College of Graduate Studies was formally established at the time of the founding of Thomas Jefferson University, July 1, 1969. It is responsible for the post-baccalaureate programs of the University, other than that leading to the degree of Doctor of Medicine, that were formerly administered by Jefferson Medical College. Since the selection of a Dean on March 1, 1970, steps have been taken to define a graduate faculty and organize the functions of the College. The members of the basic science departments of the Jefferson Medical College and the physicists at Bartol constitute the *de facto* graduate faculty. Pending organization of a Graduate Board or Graduate Council, the Board for the Regulation of Graduate Studies continues to administer the graduate programs.

For the future, we can envision that, in addition to the traditional programs in anatomy, biochemistry, microbiology, pathology, pharmacology and physiology, new doctoral-level programs of multidisciplinary nature will emerge in the neurosciences, in cellular, developmental and reproductive biology, and in immunology. These will involve faculty in the basic medical science departments with participation from key researchers in clinical departments. For example, neuroanatomists, neurophysiologists, neuropharmacologists and neurochemists would develop programs in conjunction with selected colleagues in the clinical departments concerned with the neurosensory diseases (the Departments of Ophthalmology, Otolaryngology, Neurology and Neurosurgery). There are faculty members in each basic science department who are highly skilled in cellular, developmental and reproductive biology. They could well join with their basic science colleagues housed in various clinical departments to provide a top quality graduate program. Immunology is bound to develop because of the talents of existing and to-be-obtained faculty in the Departments of Biochemistry, Pathology, Microbiology, and Medicine.

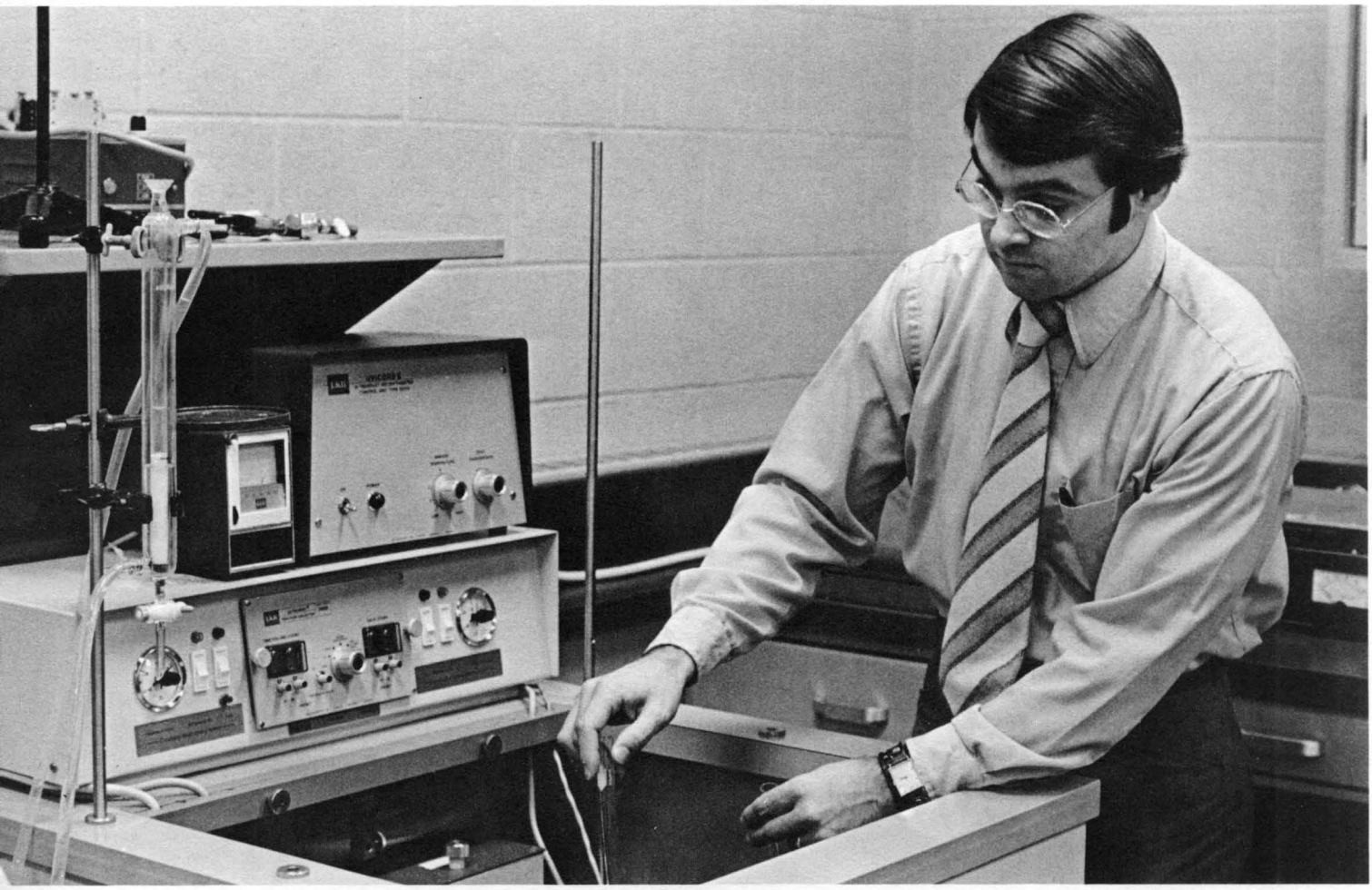
The present and future programs leading to the Ph.D. are quite similar to those offered in the natural sciences by more diverse universities. Milton Eisenhower, when he was President of Johns Hopkins, explained the role of basic medical scientists in graduate education:[2]

> ". . . the biological revolution has surely altered the programs, interests, and outlook of the basic medical scientists... Preclinical scientists begin to resemble Janus. With one face, they look toward the splendidly intellectual and grandly esoteric biologists, biophysicists, biochemists, and physicists in Arts and Sciences. Always concerned,



Top, Dr. Robert Snyder (with pipe) discusses the use of an amino acid analyzer with Norman West, graduate student in pharmacology.

Glenn Van Tuyle, graduate student in biochemistry, loads an automatic fraction collector used in his research project.



of course, with human biology, much of the emphasis has been moving from *human* to *biology*. Hence, the anatomist, the microbiologist, the pharmacologist find themselves fording the same scientific stream, dealing with the same basic biological problems once supposed to be the concern of the purists . . .

"In short, many of the new research efforts in physiology, anatomy, microbiology and other areas would exist and thrive in today's environment even if no one had thought to include them in the medical curriculum.

"This explains, of course, why the basic science departments in medical schools are enrolling increasing numbers of Doctor of Philosophy candidates and post-doctoral students . . .

"But with another face, the preclinical scientists are also becoming increasingly involved with the clinical sciences in our medical schools . . ."

The Ph.D. programs at Thomas Jefferson University are designed to require four years of study and research. However, most students find that more time is needed. Generally, it is five or more years before the degree is received. Typically, the programs consist of five phases: 1) graduate level course work and demonstration of a reading knowledge of foreign languages; 2) preliminary oral and written examinations leading to candidacy for the degree; 3) research; 4) preparation of thesis; 5) final examination in which the student defends his thesis. The first phase covers two to three years during which time the graduate student takes some of the basic science courses with the medical students and enrolls in advanced graduate courses and seminars. Research is usually begun at the end of the first year. The preliminary examination may be taken after two years of study and, in all cases, must be completed no later than eight months prior to receipt of the degree. The total time required depends to a large measure on the student's rate of progress in research. There are often many blind alleys encountered before a promising path is found. Many of our students spend an additional year or so in post-doctoral research in an established laboratory here or elsewhere before taking a position in an academic institution, a hospital, or a governmental or industrial laboratory.

A major strength of the graduate programs is the spirit of cooperation among the institutions of higher education in Philadelphia. One example of this is the Cooperative Graduate Program wherein graduate students of the four medical schools involved (Hahnemann, Temple, Medical College of Pennsylvania and Jefferson) may enroll in graduate courses in the basic medical sciences at any of the institutions.

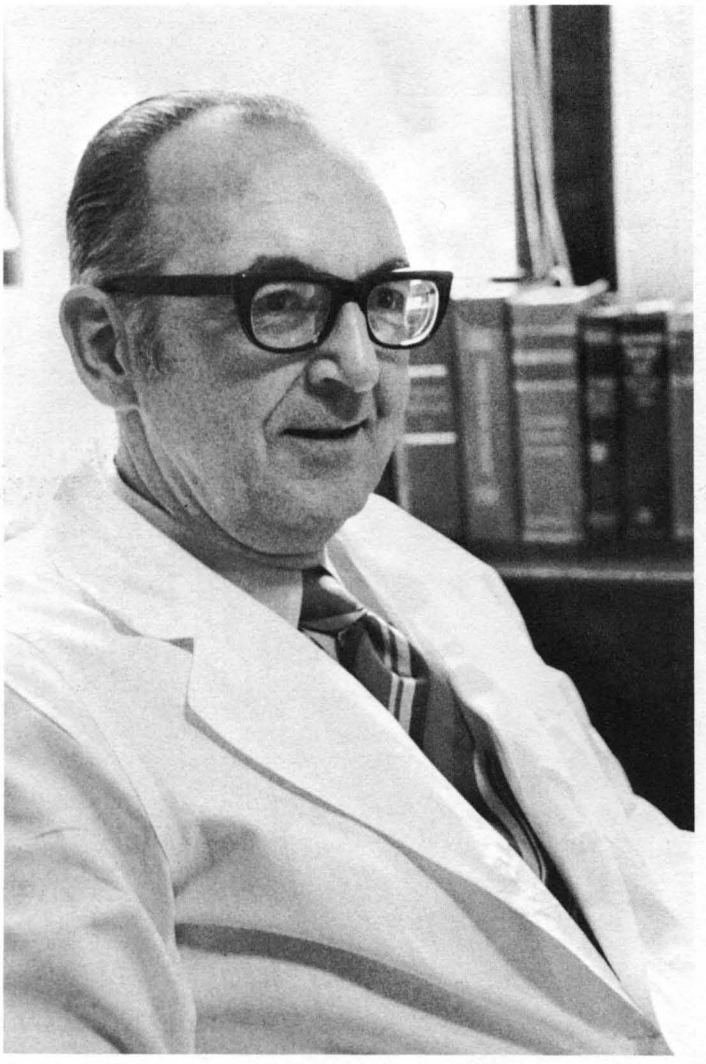
Combined M.D.-Ph.D. programs are available at Thomas Jefferson University. A student may apply for concurrent admission to the College of Graduate Studies upon admission to the Jefferson Medical College or at the end of the first or second year of medical school. During the summer quarters and at appropriate times during the academic years, he enrolls in medical college electives and other graduate courses specified by the department of study. He spends two years of full-time graduate study and research following the sophomore year and then resumes his studies in medicine, during which time he utilizes elective periods in the medical curriculum as needed to meet the requirements for the M.D. and Ph.D. degrees. Alternatively, following receipt of the M.D. degree after four years of medicine, the student may continue for two or more years of graduate study and research, with or without interruption for an internship. Thus, the combined program is designed to take a minimum of six years. In each case, the program of study is adapted to the student's field of interest and is custom-made to fit his needs.

Although Thomas Jefferson University is well known for medical education through its renowned Jefferson Medical College, it is not so well known in graduate education. Currently, members of the faculty are visiting undergraduate colleges in the environs of Philadelphia to describe our graduate programs and to invite interested students to visit the new facilities in Jefferson Hall. They join me in urging that you, the alumni, also inform talented young men and women who are considering a career in biomedical research and teaching about the opportunities for graduate study at Thomas Jefferson University. All of us are cognizant of the value of counsel given to young people in their formative years by respected physicians and scientists, and we are especially aware of the role of our alumni in recruiting top-flight students for the Jefferson Medical College. I can assure you that the programs being developed in graduate education are of the same high quality that has been the hallmark of our institution for nearly a century and a half, and that the students you send us will receive an education of which they, like you, will be proud.

[1]Walters, E., ed., *Graduate Education Today*, p. 34, American Council on Education, Washington, D. C. (1965)

[2]Knight, D.M. and Nourse, E.S., eds., *Medical Ventures and the University*, p. 11, Association of American Medical Colleges, Washington, D. C. (1967)

The New President: Herbert A. Luscombe



Dr. Luscombe

There aren't many alumni more devoted to their alma maters than Dr. Herbert A. Luscombe is to Jefferson. Dr. Luscombe, class of 1940, has spent the better part of his life at Jefferson, from medical school to residency, to a faculty post and his present position as Professor of Dermatology and Chairman of the Department. From the start his interest in the Alumni Association has been active. He is an Executive Committee member and Chairman of its Committee on Public Affairs. He has served as Treasurer and Vice President of the Association.

As President Dr. Luscombe brings to the Association intimacy not only with the alumni viewpoint, but also with that of the College administration. As Professor of Dermatology and Chairman of the Department, Dr. Luscombe has exposure to the inside workings of the College and the why behind its policies. The advantage is particularly timely because Dr. Luscombe is concerned that some alumni misunderstand the Jefferson of today. "I am not a crusader," he comments, "but as much as anything I would like to cement relationships between the alumni and the College. I think the discussion about various aspects of teaching and training at Jefferson has created a number of false impressions among the alumni." What Dr. Luscombe would like alumni to know is that "Jefferson is still Jefferson." The changes that have taken place have made it a better Jefferson, he believes. "It isn't a matter of a few persons in administration making some high handed decisions. These decisions are based upon better evaluation of the educational process. The problem of alumni misunderstanding in some cases lies in their lack of information. More and better communication between alumni and College would resolve some of these misunderstandings." One vehicle for this information channeling is the Alumni Bulletin, Dr. Luscombe says, but the correct information must be had first. He thinks having alumni officers meet with administration to discuss problems would be a good way to accomplish this. "If we could understand what is happening, we could make better judgments and in that way strengthen alumni influence." While he looks to much that can be done, Dr. Luscombe also looks to the alumni performance in the past and feels quite satisfied with their loyalty.

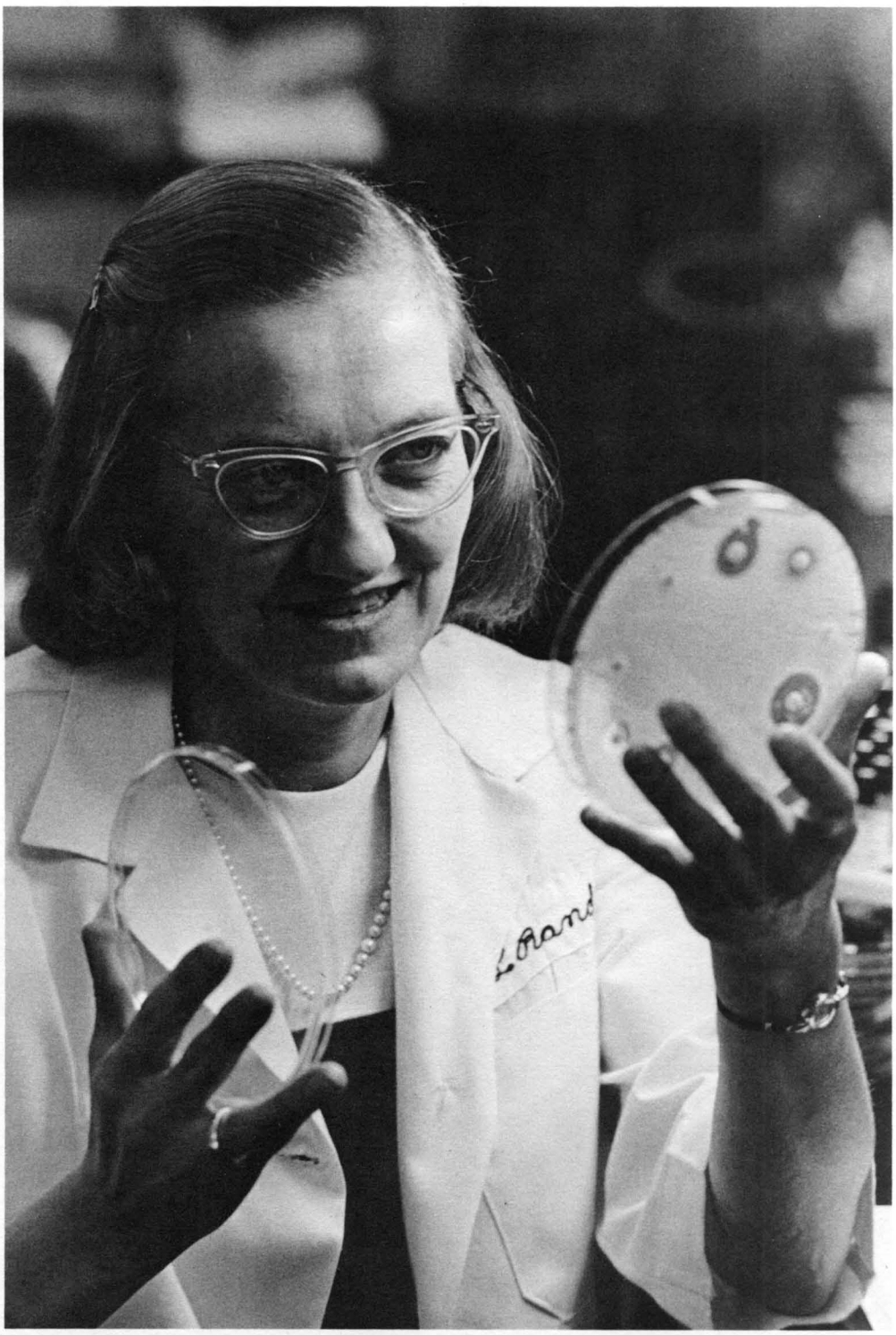
Dr. Luscombe is active professionally in the Philadelphia Dermatological Society, of which he is a past President, the Philadelphia County Medical Society and the American Academy of Dermatology. He maintains a center city practice. Dr. Luscombe and his wife, the former Sally McHugh, a graduate of Jefferson's Nursing School, live in Penn Valley, Pa. They are parents of two daughters and a son, Dr. Herbert J. Luscombe '68.

Dr. Luscombe took office on February 25 at the annual dinner and meeting of the Alumni Association.

profile

Eileen Randall's office is a few feet of space cornered from the maze that makes up the Clinical Microbiology Laboratories. The size of Eileen Randall's office bears no direct relation to the size of her job as Director of these Laboratories, however. Just how much that job encompasses becomes apparent with a tour of the labs. Some twenty-five heads are bent over microscopes or cultures in the various sections of the lab on the third floor of the hospital. In one corner the day's share of five to six hundred blood cultures a month are being done. Through the passageway to the adjoining room one finds half a dozen technicians concentrating on susceptibility tests. Tuberculosis testing is done in a separate section of the lab under a sterile hood which purifies the particles before emitting them into the outdoor air. Dr. Randall comments that tuberculosis is still a problem in Philadelphia, "because of the large number of people living under adverse conditions." Dr. Randall's concern about the community's health problems is an active one, taking her thoughts beyond the cultures sent into her lab for analysis. A few years ago she was active in establishing a gonorrhea testing program in the outpatient maternity clinic. The fluorescent antibody unit in Dr. Randall's lab now has a six per cent recovery rate on the tests run for this purpose.

Eileen Randall doesn't carry with her the air of importance that her job does. In the morning's hustle she still has time for the small niceties—to pick up that paper someone drops nearby, to



Dr. Eileen Randall, who received her doctorate at Jefferson in 1960

chat with a retired physician who stops in because he knows Dr. Randall always has—or makes—time. What she does reflect is a genuine enjoyment of her work. In that tour around the lab, it is obvious that each of its functions is as interesting to her as it was the day she learned about it. And she likes others to know just how interesting it is. The communication between Dr. Randall and her staff flows easily. Busy as it is, the mood is relaxed and pleasant.

Dr. Randall's job is as much people as science. A good part of her day is spent on the phone with physicians, "because we learn more about the patient that way." A telephone rang to confirm the fact. What was Dr. Randall's opinion of an interpretation of a susceptibility test culture? Her judgment is considered so highly in professional circles that many area hospitals call on her for consultation. "I could never just do research and teach—I'd miss the patient contact." She once thought she could. In fact her original career goals were directed toward parasitology, not microbiology. After graduating from Ohio State, she went to Pennsylvania Hospital's School of Medical Technology. Even up to the completion of her doctoral course work at Jefferson, parasitology looked more attractive.

The change came about through Dr. Kenneth Goodner, under whom Dr. Randall studied as a graduate student. Dr. Goodner felt Dr. Randall's interest might better be directed toward microbiology. When he failed to approve her dissertation project on parasitology, he gave her the opportunity to discover this. He offered her the post of Director of Clinical Microbiology Laboratories. "I took it just for the interim," she recalls, "just until I finished my doctorate." But when she was awarded her degree, she had no thoughts of leaving the job. "I realized how much I liked microbiology. I can thank Dr. Goodner for being in this field today." As a student Dr. Randall was a little less thankful for Dr. Goodner's prodding. "But I reacted to his teaching in a way that stimulated me. I still consider him one of my finest teachers—and an unforgettable friend."

Dr. Randall is now cast in the teacher's role as Associate Professor of Microbiology and Associate Professor of Pathology. The bulk of her teaching is in the School of Medical Technology. In the College she teaches parasitology and bacteriology and the elective in pathology. In addition, students who come to the lab for "benchwork" are her responsibility. Though the latter isn't a formal teaching arrangement, the questions these students ask are her responsibility. "These students become of real value to us in the lab. The only problem they present is space," she says. There are now twenty-five people in a lab which originally accommodated six.

The fact that Dr. Randall is a woman has never been a professional handicap as she sees it. "Except where salary is concerned, but that may be because my degree is a Ph.D. and not an M.D. But that inequity is being straightened out." Her colleagues have accepted her without reservation, "because they have known me since I was a student here I think," Dr. Randall offers modestly. Students find her important clinical experience infinitely more relevant than her sex. "I have always had a very good rapport with the students. I don't get to know them now as well as I did when I was a graduate student taking courses with them. And now of course there is an age difference that helps to win their respect." The days when women in medicine were frowned upon are gone forever, Dr. Randall feels. Since women have proven their abilities in medicine, with exceptional records in many cases, men have shed any resentment they felt originally.

Dr. Randall is active in her profession as Secretary of the local branch of the American Society of Microbiology. Last year she organized a regional program for the Society. She recently took part two of her Boards, and laughingly says, "I guess I passed because I got a bill for the members' newsletter." At Jefferson she is on a number of committees, one of them the Executive Committee of the Alumni Association, of which she is the first woman member. One of her recent efforts has been to organize a post doctoral training program in clinical microbiology. It would involve two years training in clinical medicine. With some preliminary approval already obtained, she hopes to get the program underway within the next year.

A worker, an organizer and an innovator in many ways, Dr. Randall has proceeded far beyond the fanfare of women's liberation announcing women's equal rights and gone on to prove unquestionably women's equal abilities.

faculty notes

administration

Dr. Joseph S. Gonnella, Associate Dean and Director of Academic Programs, presented a paper on "Assessing the Quality of Medical Care" at the 1970 Scientific Assembly of the Pennsylvania Medical Society, held in Lancaster, Pa., in November.

anatomy

Dr. Albert W. Sedar, Professor of Anatomy, attended the Ninth International Congress of Anatomists in Leningrad last August, where he presented a paper on "Electron Microscopy of the Gastric Acid-secreting Cell Stimulated with Exogenous Gastrin."

anesthesiology

Dr. Jay J. Jacoby, Professor of Anesthesiology and Chairman of the Department, has been appointed to the Advisory Committee for revision of the U. S. Pharmacopoeia.

medicine

Dr. Robert I. Wise, Magee Professor of Medicine and Chairman of the Department, was Visiting Professor at Queens Medical Center at the University of Hawaii from October 5-16.

Dr. Gordon D. Benson, Professor of Medicine, has been awarded a $23,824 grant by the National Institute of Mental Health to continue his research on controlling the harmful effects of prolonged alcohol consumption on the liver.

Dr. Allan J. Erslev, Professor of Medicine, made a presentation on "The Effect of Hemolysates on Red Cell Production and Erythropoietin Release" at the American Society of Hematology meeting held in San Juan, Puerto Rico, in December.

Dr. Franz Goldstein, Professor of Medicine, recently appointed Chief of the Department of Gastroenterology at Lankenau Hospital, presented two papers before the Bockus International Society of Gastroenterology meeting in Amsterdam.

Dr. Harold L. Israel, Clinical Professor of Medicine, was guest speaker at the annual meeting of the Japanese Society for Chest Diseases held in Sendai in July. Dr. Israel also spoke at the Kyoto University and at Sapporo Medical College.

Dr. Howard C. Leopold, Clinical Associate Professor of Medicine, delivered a paper on "Autoimmune Antibodies to Human Lung in Bronchial Asthma" at the Seventh International Congress of Allergology in Florence, Italy, in October.

Dr. Stephen M. Levine, Assistant Professor of Clinical Medicine, has been named to the newly created position of Medical Education Coordinator in the Department of Medicine at Cooper Hospital, Camden, N. J.

obstetrics and gynecology

Dr. Roy G. Holly, Professor of Obstetrics and Gynecology and Chairman of the Department, is a member of the Program Advisory Committee of the National Foundation, March of Dimes, which met in New Orleans recently.

Dr. George A. Hahn, Professor of Obstetrics and Gynecology, was installed as President of the Philadelphia County Medical Society on January 20. During the first part of August he was on a Survey Team for Project HOPE in the West Indies.

Dr. Abraham E. Rakoff, Professor of Obstetrics and Gynecology, spoke on "Factors Influencing Estrogen Replacement Therapy" at the Medical Society of the District of Columbia Scientific Assembly held in Washington, D. C., in September.

Dr. Alvin F. Goldfarb, Associate Professor of Obstetrics and Gynecology, participated in a panel on "Diagnostic Approaches to the Infertile Couple" at the District III American College of Obstetricians and Gynecologists meeting in Atlantic City, N. J., in October. He also discussed "Evaluation of Endocrine Factors," "The Human Economy—How Can We Control It?".

ophthalmology

Dr. Thomas D. Duane, Professor of Ophthalmology and Chairman of the Department, presented "Glaucoma and Ocular Circulation Theories of Field Loss" with Dr. Edward A. Jaeger, Assistant Professor of Ophthalmology, at the Symposium on Glaucoma, sponsored by the American Academy of Ophthalmology and Otolaryngology and the Society to Prevent Blindness, in Las Vegas during October.

Dr. William C. Frayer, Professor of Ophthalmology, presented a paper on "Effect of Radiation on Metastatic Choroidal Tumors" with Dr. Jaeger at the AAOO meeting in Las Vegas in October. Dr. Frayer has been elected to the Board of Governors of the American College of Surgeons, representing the American Ophthalmologic Society.

Dr. P. Robb McDonald, Professor of Ophthalmology, attended an ophthalmologic symposium at Ohio State University in November to present discussions of "Newer Complications of Cataract Surgery" and "Differential Diagnosis of Posterior Polar Lesions."

The Department of Ophthalmology sponsored the Atlantic Section Meeting of the Association for Research in Ophthalmology on November 6 and 7.

orthopedic surgery

Dr. James M. Hunter, Assistant Professor of Orthopedic Surgery, participated in a hand symposium at the Medical School of the University of Buffalo honoring the fiftieth anniversary of the Continuing Education Department there in September. His papers dealt with the management of extensor tendon in-

juries in the upper extremity and flexor tendon reconstruction using the tendon prosthesis.

Dr. Lawrence H. Schneider, Instructor in Orthopedic Surgery, spoke at the American Fracture Association in New York on September 28 on "Level of Amputation in the Ring Finger."

pediatrics

Dr. Robert Brent, Professor of Pediatrics and Chairman of the Department, was guest lecturer at a meeting of the Society of Nuclear Engineers in Washington, D. C., on November 17. He spoke on "Low Level Effects of Iron on the Embryo."

Dr. Herbert C. Mansmann, Jr., Professor of Pediatrics, presented a lecture on "Immunologically Induced Reactions to Antibiotics" at the Tri-County Academy of General Practice Symposium at Albany Medical College of Union University in Albany, N. Y., on November 12. Dr. Mansmann was Program Chairman for the Seventeenth Institute for Care of Cardiac, Asthmatic and Chronically Ill Children given by the Children's Heart Hospital of Philadelphia.

Dr. Irving Olshin, Professor of Pediatrics, presented a talk on "Rh Factor: Obstetrics and Pediatrics Aspects" at Nanticoke Memorial Hospital in Seaford, Del., on December 3. He was guest speaker at the Wilmington Medical Center and spoke on "Some Common and Some Unusual Causes of Dwarfism" on January 13.

Dr. Gary Carpenter, Associate Professor of Pediatrics, received the Outstanding Teaching Award from Phi Alpha Sigma in November. He served as the Journal of Pediatrics Educational Foundation Visiting Professor during September at the Harrisburg Polyclinic Hospital. Dr. Carpenter was elected to the Board of Directors of the Philadelphia Pediatric Society for 1971 and 1972.

Dr. Mary Louise Soentgen, Associate Professor of Pediatrics, was awarded a certificate of merit for distinguished service and is the "Subject of Notice" in Volume VII Dictionary of International Biography for September 1970.

psychiatry

Dr. Walter W. Baker, Professor of Psychiatry, was Chairman of the neurochemistry session at the 1970 national meetings of the American Society for Pharmacology and Experimental Therapeutics held in August at Stanford University, Calif.

Dr. Samuel A. Guttman, Professor of Psychiatry, has been elected Chairman of the Educational Committee of the Philadelphia Association for Psychoanalysis.

Dr. Eli Marcovitz, Clinical Professor of Psychiatry, presented a paper on "Auto-identification in the Development of the Self-Image" to the Argentine Psychoanalytic Association in Buenos Aires, last August.

Dr. Zygmunt A. Piotrowski, Professor of Psychiatry, conducted a workshop in projective and other psychological tests at the University of Nebraska, Lincoln, Neb., last fall. Edward N. Hay and Associates, Philadelphia, have given Dr. Piotrowski a research grant of $40,000 to continue his work on the computerized perceptanalytic Rorschach.

Dr. Robert S. Garber, Visiting Associate Professor of Psychiatry, spoke on "What Lies Ahead for Psychiatry" at the Southern Psychiatric Association meeting in Palm Beach, Fla., October 5.

Dr. Ivan Boszormenyi-Nagy, Associate Professor of Psychiatry, was a panel member on the section on family psychiatry at the Eighth World Congress of Psychotherapy held in Milan from August 24-29.

radiation therapy

Dr. Simon Kramer, Professor of Radiation Therapy and Chairman of the Department, announces that the Department has received a $1.7 million grant from the National Institutes of Health to expand its research center. The Department will be enlarged to include much of the first floor of the old hospital building. A forty-five million volt betatron and a four million volt linear accelerator will be installed in June 1972. The nearest forty-five million volt betatron is in Boston. The grant will allow greater activity in clinical service, Dr. Kramer said.

radiology

Dr. Robert O. Gorson, Professor of Radiology, represented the American College of Radiology at the 23rd Annual Conference of Engineering in Medicine and Biology in Washington, D. C., November 16-19.

Dr. Carl Hansen, Professor of Radiology, has been named Visiting Professor at Case-Western Reserve.

Dr. Irwin Freundlich, Associate Professor of Radiology, was reelected Secretary-Treasurer of the American Thermographic Society.

surgery

Dr. Harry S. Goldsmith, Samuel D. Gross Professor of Surgery and Chairman of the Department, discussed omental transposition at the International Congress of Lymphology in Brussels in September.

Dr. Jacob K. Berman, was Visiting Professor of Surgery at Jefferson for the week of December 6. A 1921 Jefferson alumnus, Dr. Berman is Emeritus Professor of Surgery at Indiana University School of Medicine. He formulated the Berman Law of Fistula, advocated a balanced procedure for correction of hiatal hernia, invented the Berman clamp for vascular surgery and the Berman tube for chest surgery, introduced Ameroid constrictors to surgical research.

urology

Dr. Jules H. Bogaev, Clinical Professor of Urology, was made a member of the Society of University Urologists at the meeting in Los Angeles in November.

class notes

1913

Dr. Simon H. Rosenthal, Suite 11, 1900 Tate Springs Rd., Lynchburg, Va., is still active in urology practice with his son.

1914

Dr. Van S. Laughlin, 56 S. Portage St., Westfield, N.Y., writes that he and his son, **Dr. Herbert Laughlin** '45, enjoyed the May reunion. "The new buildings are a fine addition to the College."

1917

Dr. Harry W. Baily, 131 W. Broad St., Tamaqua, Pa., writes that he is "still working every day. Much annoyed by the unnecessary paper work—a general practitioner now is a clerical first aid man."

Dr. William G. Flickinger, 7201 Fourth Ave., Brooklyn, N.Y., regrets that he can't make the trip to Russia. "Spent seventeen days in Russia the first year that tourists were permitted. Of course, the big eye was on each minute. To see the changes would be most interesting."

Dr. William R. Tilton, 21 Kensington Rd., Madison, N.J., and Mrs. Tilton celebrated their 50th wedding anniversary recently at a dinner given by their children.

1919

Dr. Ralph D. Green, 1000 North Lake, Sioux Falls, S.D., has retired. Dr. Green lost his wife in May and is now living in a retirement home. "Visited Jeff last April and enjoy getting the news."

Dr. Harry M. Kanner, 5301 F Street, Sacramento, Calif., retired at the age of 75 in September. He writes that he keeps active with hunting, fishing, and an at home workshop.

Dr. Sam R. Luster, 707 S. Broadway, Los Angeles, Calif., writes that he still enjoys tennis, ping pong and swimming.

1920

Dr. William B. Clendenning, 230 E. High St., Waynesburg, Pa., has been honored for fifty years in general practice by the Pennsylvania Medical Society. Dr. Clendenning is entering his forty-sixth year of service at the Greene County Memorial Hospital, Waynesburg, where he was twice chief of staff. He was three times elected President of the Greene County Medical Society and served as Greene County Medical Director for eleven years.

1921

Dr. Louis S. Morgan, 3835 Country Club Rd., Long Beach, Calif., is in active practice for the fiftieth year. "Hope to meet all my old graduate friends at the Alumni Banquet this spring."

1923

Dr. Walter J. Larkin, Medical Arts Bldg., Scranton, Pa., was appointed Chairman of the Board and Vice President of North Scranton Bank & Trust Co. A former staff President of Mercy Hospital, Scranton, Dr. Larkin first organized the Department of Obstetrics and Gynecology there. A son, **Dr. Walter J. Larkin, Jr.,** '53, is in practice with him.

1925

Dr. Leslie L. Nunn, Rt. 1, Box 340, Ocean Park, Wash., is still enjoying retirement from surgery practice. "Now live in the Banana Belt of the Pacific Northwest—on the beach. Spend my time fishing, golfing, traveling, clamming." He also finds time for sculpture and pottery. "Regards to the Class of '25."

1926

Dr. George C. Griffith, 821 Valley Crest St., La Canada, Calif., received the Ephraim D. Saunders Award from the Board of Trustees of Presbyterian Hospital, Philadelphia, in recognition of his achievements in the field of science. Dr. Griffith interned at Presbyterian and served on the staff there until the beginning of World War II.

Lutz Bequest

Francis C. Lutz, a member of the class of 1923, has bequeathed to Jefferson over $96,000 for dual purposes. Half of the amount will be used to endow an alumni bed for those without means for medical care. The balance will go into a student loan fund.

Doctor Lutz, who died on August 13, 1969, served as a Commander in World War II. Following his naval duty Doctor Lutz settled on the Main Line where he maintained a general practice. He retired at an early age.

Doctor Lutz is survived by his widow. She resides at Eliot House, 432 Chilean Avenue, Palm Beach, Florida.

Dr. Herman M. Parris, 3600 Conshohocken Ave., Philadelphia, reports that his son, Ted, is now a pre-med at Northwestern University, and has Jefferson in mind for medical school.

Dr. Harold L. Stewart, 119 S. Adams St., Rockville, Md., has received the degree of Doctor of Medicine Honoris Causa from the Faculty of Medicine of the University of Turku, Finland. Dr. Stewart was honored as "a leading representative of modern scholarship" at the May celebration of the fiftieth anniversary of the University. The ceremony was attended by the President of the Republic and climaxed with a banquet in the medieval castle of Turku.

1927

Dr. Walter T. Tice, 624 Quaker Lane, High Point, N. C., has been elected an Affiliate of the Royal Society of Medicine. In September he attended the World Congress of Cardiology in London.

1928

Dr. Robert F. Chenowith, 1 Oak Place, Baltimore, Md., retired from active practice on July 1, 1970.

Dr. Jacob C. Leonard, Jr., Box 310, Lexington, N.C., remarks that, "Slowing up doesn't leave as much money as one would like to have," but otherwise, "I can't complain."

Dr. Morris M. Mancoll, 285 N. Quaker Lane, W. Hartford, Conn., writes that he is "blessed with both boys being with me in practice," and he does not have to work the "old grind of seventy hours per week."

1929

Dr. Mario A. Castallo, 1621 Spruce St., Philadelphia, has been appointed consultant obstetrician and gynecologist at Chestnut Hill Hospital. Dr. Castallo serves in the same capacity at several other area hospitals. He is Clinical Professor of Obstetrics and Gynecology at Jefferson.

Dr. Karl W. Hahn, 521 Linden St., Bethlehem, Pa., had a myocardial infarction in June, but planned to return to limited practice starting January '71.

Dr. Harry Williams, Elkland, Pa., received recognition in a local paper for forty years of general practice in the Cowanesque Valley, a record term in that area. A country doctor who has delivered thousands of babies both in homes and hospitals, Dr. Williams has sometimes had to rely on sleigh and surrey in his practice. He is on

the staffs of Blossburg State General Hospital and Soldiers and Sailors Memorial Hospital of Wellsboro.

1930

Dr. Walter Henry Harmon has retired to his native North Carolina after thirty-nine years of practice in Hackettstown, N.J. The community gave Dr. Harmon a warm sendoff at a testimonial dinner attended by 300 friends. A framed certificate was presented to Dr. Harmon by the mayor on the occasion. Dr. and Mrs. Harmon will be moving into a new home. He is looking forward to some fishing, hunting and horseback riding in his native area.

1931

Dr. George P. Moser, Danville RD 5, Pa., has closed down his Bloomsburg office after thirty-eight years in medicine and retired to his farm in Danville. Dr. Moser plans to spend his retirement instructing patients in self-help.

1932

Dr. Howard C. Leopold, Suite C-M 1, Cedarbrook Hill Apts. III, Greenwood Ave. & Limekiln Pike, Wyncote, Pa., presented a paper, "Autoimmune Antibodies to Human Lung in Bronchial Asthma," at the Seventh International Congress of Allergology in Florence, Italy, in October.

1933

Dr. Murray Elkins, 101-01 159th Ave., Howard Beach, N.Y., is presently serving as Secretary of the Queens County Medical Society.

Dr. Anthony Ruppersberg, Jr., 336 E. State St., Columbus, Ohio, has been appointed to the State Medical Board. He is an Associate Professor in the Department of Obstetrics and Gynecology at Ohio State University College of Medicine and a staff member at University, Grant and St. Ann's hospitals.

1934

Dr. John F. McMullin, 5184 Carlingford Ave., Riverside, Calif., left Riverside General Hospital in July as Chief of Psychiatry to devote full time to a private practice. "Only two other Jeff alumni in the Riverside area, **Bob Zweig** '52, and **Paul Bendix** '37."

1935

Dr. Milton Eisenberg, 2337 W. Lehigh Ave., Philadelphia, sends word that his son, Ronald, is taking a three year residency in radiology at Massachusetts General.

1936

Dr. George L. Erdman, 50 Cedar St., Millburn, N.J., reports that, thirty-five years, four sons and seven grandchildren later, he still keeps active and healthy with boats and sailing. He is in his twenty-second year as pathologist and Director of Laboratories at Overlook Hospital, Summit, N.J. In that time the hospital has grown from 125 to 540 beds, the laboratory from three to seventy-five people.

Dr. Peter V. Hulick, 1020 Market St., La Crosse, Wisc., will begin a partial retirement in July. He will give up his post as radiologist at St. Francis Hospital and act as visiting radiologist at a small hospital twenty-seven miles from La Crosse. His son, Peter, is a sophomore at Jeff.

1937

Dr. Roger J. Minner, 143 N. 8th St., Allentown, Pa., has been appointed to the Board of Directors of the Merchants National Bank of Allentown. Dr. Minner has had twenty-three years of experience in area banking circles.

Dr. Heine

1938

Dr. William I. Heine, 5579 Park Ave., Philadelphia, has been elected Chairman of the Medical Staff Board of the Northern Division of Albert Einstein Medical Center. The Medical Staff Board is comprised of fourteen members of the medical staff, five members selected by Einstein division chairmen and a member elected by the house staff. Dr. Heine is senior attending physician at Einstein and Clinical Associate Professor of Medicine at Temple University School of Medicine.

Dr. Paul H. Morton, 1000 Adella Ave., Coronado, Calif., has a son at Jefferson. John is a member of the class of 1974.

Dr. Victor P. Satinsky, Professor of Surgery at Hahnemann Medical College, 230 N. Broad St. in Philadelphia, has been appointed Associate Dean of Human Resource Development there.

1940

Dr. John F. King, 600 Warren Ave., Hohokus, N.J., reports that his son Donald Kevin graduated from Johns Hopkins last year and is interning at Barnes Hospital, St. Louis, Mo.

Dr. Roger B. Thomas, 8 Vining Lane, Wilmington, Del., finds all well and happy. "My wife, Hester (first and only girlfriend) has a gift shop. Fifteen years in business and as busy as Wanamaker's." Son Roger Jr., is a second year resident in internal medicine at Wilmington Medical Center and son Robert is a third year student at Georgetown Law School.

1941

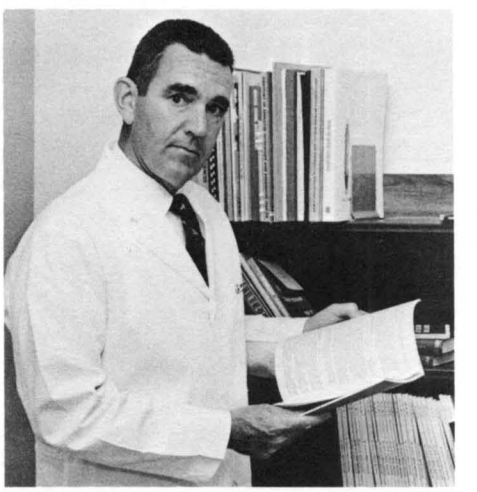
Dr. Vincent S. Palmisano, 300 S. Black Horse Pike, Runnemede, N.J., was honored in October at a testimonial dinner given by the Black Horse Pike Regional School Board. Dr. Palmisano has given "long and faithful" service to the students, faculty, administration and Board of the Black Horse Pike Regional School District. He has a private practice.

Dr. Paul H. Pettit, 65 Walnut Rd., Ocean City, N.J., was received as a Fellow of the American College of Surgeons in October.

1943

Dr. Theodore J. Berry, 331 E. Lancaster Ave., Wynnewood, Pa., has been appointed Director of Medical Education at Bryn Mawr Hospital. He is attending physician in the Department of Internal Medicine at the hospital.

Dr. Andrew C. Ruoff, 954 Little Valley Rd., Salt Lake City, Utah, has been appointed Assistant Dean, Admissions, at the University of Utah College of Medicine, where he is also Associate Professor of Surgery. Dr. Ruoff is Attending Orthopedic Surgeon at the University's medical center and Chief of the Orthopedic Section at the V. A. Hospital in Salt Lake City.



Dr. Ruoff

1944S

Dr. Theodore J. Kraus, 3153 Richmond St., Philadelphia, has five daughters and one son, but "none in the field of medicine as yet."

Dr. Jerome D. Shaffer, Doctor's Medical Bldg., 5700 N.W. Grand Blvd., Oklahoma City, Okla., has retired from the presidency of the Baptist Memorial Hospital staff, Oklahoma City.

1945

Dr. Mon Quong Kwong, 1321 N. Vermont Ave., Los Angeles, Calif., made a trip to the Orient recently. "Working hard at dermatology," he says.

Dr. William T. Lineberry, Jr., Capt., USN (MC), Force Medical Officer, COMNAVFORV Box G, F.P.O. San Francisco 96626, has been in Vietnam for several months serving in the above capacity. "We are actively involved in the ACTOVMED aspect of Vietnamization. This program consists of the construction and equipping of a number of Naval dispensaries throughout South Vietnam as well as a Vietnamese Marine hospital and a Naval hospital. We are also training personnel to man them for eventual turnover to the Vietnamese Navy." Dr. Lineberry's family is living in California during his Vietnam stay. He expects to return home in May.

Dr. Victor M. Ruby, 101 S. Montgomery Ave., Atlantic City, N.J., will be seeing his oldest son, Edward, graduate from Jefferson this June—"so a full cycle has taken place in our family."

Dr. Arthur A. Sweetser, Jr., has left his position as Associate Director of the Lehigh University Health Center and returned to Perkasie to open an office for the practice of general medicine at Fifth and Market Streets, Perkasie, Pa.

1946

Dr. Henry A. Seidenberg, 180 N. Michigan, Chicago, has been elevated to Fellow in the American Psychiatric Association.

1947

Dr. Charles E. Miller, 300 High St., Hackettstown, N.J., has passed the examination of the newly created American Board of Family Practice. Dr. Miller describes the test as designed to "encourage the general practitioners to keep up with the latest in medicine within their areas of responsibility." The Board is the first speciality Board for the general practitioner. It began under the sponsorship of the American Academy of General Practice, of which Dr. Miller is a member, but is now autonomous.

1948

Dr. Clifford B. Lull, Jr., has assumed duties as Radiologist at the Maple Avenue Hospital at Monroe, N. C. Dr. Lull made the move from Braddock Heights, Md.

1951

Dr. William E. Wallace, 1851 Arlington St., Sarasota, Fla., has been elected Chief of Surgery at Sarasota Memorial Hospital. In November, Dr. Wallace was married to Mrs. Donna Hall of Sarasota.

1952

Dr. William J. Duhigg, 2475 E. 22nd St., Cleveland, Ohio, is serving as the President of the Serra Club of Cleveland, on the Board of Help for Retarded Children, and the Executive Committee of St. Vincent Charity Hospital. Dr. Duhigg has a practice of neurology.

Dr. Joseph M. Fiorello, 690 Lawrence Rd., Trenton, N.J., has been appointed Medical Director of the new six story Morris Hall Health and Rehabilitation Center in Trenton. Dr. Fiorello has served as Medical Director of the Morris Hall Home for the Aged and the Nursing Home for twelve years. He is also a staff member at St. Francis Hospital, Trenton.

Dr. Joseph H. Sloss, 7814 Seville Circle W, Bradenton, Fla., is Chief of Surgery at Manatee Memorial Hospital in Bradenton and is President Elect of Manatee County Medical Society. He writes that the only other Jeff men in the area are **Dr. John H. Deam** '51, and **Dr. Jim Emery** '31, who is retired.

Dr. Louis J. Wagner moved his general and thoracic surgery practice to 1272 Elk St., Oil City, Pa., in January. Dr. Wagner had practiced in New York previously. He has been appointed to the active medical staff of Franklin Hospital. Dr. Wagner served a surgical pathology residency at Columbia Presbyterian Hospital in New York City, a general surgery residency at Kingsbridge Veteran Hospital, and a thoracic surgery residency at Lenox Hill Hospital, New York. He is certified in both general and thoracic surgery.

Alumni Activities

Atlanta, Ga.
Las Vegas, Nev.
Chicago, Ill.
Hershey, Pa.
South Orange, N.J.
Washington, D.C.
Tucson, Ariz.

Numerous social events enlivened Jefferson's fall scene. Dr. Robert L. Breckenridge '44 hosted the first reception in Atlanta during the meetings of the American Society for Clinical Pathologists. The party was held at the Marriott Motor Hotel on September 15th.

The following month over one hundred Jeffersonians gathered in Las Vegas to attend the Alumni reception during the meetings of the American Academy of Ophthalmology and Otolaryngology given at the Sahara Hotel. Dr. Thomas D. Duane, Chairman of the Department of Ophthalmology, and Dr. James B. Leonard, Chairman of the Department of Otolaryngology, were there representing their respective departments. Dr. Paul J. Poinsard '41, President of the Alumni Association, hosted the reception.

Later in October Dr. George F. Gowen '52 was on hand to welcome Jeffersonians to the reception held in conjunction with the meeting of the American College of Surgeons at the Chicago Conrad Hilton. Then, in November the Central Pennsylvania Chapter, one of the state's largest chapters, met once again at the Hotel Hershey in Hershey, Pa., for their annual chapter meeting. Over one hundred members attended. Dr. Raymond C. Grandon '45, President of the Central Pennsylvania Chapter, acted as toastmaster at the meeting. Dr. Poinsard addressed the meeting and the President, Dr. Peter A. Herbut, and the Dean, Dr. William F. Kellow, represented Jefferson's Administration.

In December members of Jefferson's Northern New Jersey Chapter gathered at the South Orange Tennis Club. Drs. Poinsard and Leonard were speakers at the Chapter Meeting. Dr. Frederick C. DeTroia '35, Secretary-Treasurer of the Northern New Jesey Chapter, was in charge of arrangements and Dr. Richard J. Lempke '44 acted as toastmaster at the meeting. Dr. Lempke will serve as chapter president for another year.

Dr. Sodeman, Emeritus Dean and Emeritus Professor of Medicine, was guest of honor at a reception given during the meetings of the American College of Cardiology in the Capital in February. The reception was hosted by President Poinsard. During that same month Jefferson's Arizona Chapter met in Tucson to honor Dr. Mario A. Castallo '29, Past President of the Association. Dr. Frederick M. Kenan '37 organized the Arizona meeting held February 14th at the Skyline Country Club.

1953

Dr. Franz Goldstein, 707 Arlington Rd., Penn Valley, Narberth, Pa., was appointed Chief of the newly created Department of Gastroenterology at Lankenau Hospital on July 1. He retains his rank of Professor of Medicine at Jefferson and continues to teach Jefferson students at Lankenau. Dr. Goldstein is a member of the Executive Committee of the Alumni Association.

Dr. Leonard Klinghoffer, 615 Harvard Rd., Bala-Cynwyd, Pa., has been promoted to Assistant Professor of Clinical Orthopedic Surgery at the University of Pennsylvania.

Dr. Walter R. Tice, 3rd and Juniper Sts., Quakertown, Pa., has been appointed to the Bucks County Board of Health.

1954

Dr. Charles H. Greenbaum, 8220 Castor Ave., Philadelphia, has been elected Secretary-Treasurer of the Pennsylvania Academy of Dermatology. Dr. Greenbaum has been promoted to Clinical Associate Professor of Dermatology at Jefferson.

Dr. John B. Nelson, III, 17 Prospect Ave., Newtonville, Mass., is now Assistant Clinical Professor of Psychiatry at the Tufts University School of Medicine. He was previously Executive Director of the Douglas A. Thom Clinic for Children, Boston. Dr. Nelson has been associated with child guidance clinics in Boston since 1959.

Dr. Paul R. Weis, 1453 Linden St., Allentown, Pa., continues his internal medicine practice. "We now have five children, youngest, Susan Michelle, is three years old."

1955

Dr. Bradford M. McCuskey, 60 14th St., Wheeling, W. Va., has been elected to the Board of Directors of the Half Dollar Trust and Savings Bank.

Dr. Paul M. Selfon, 13116 Foxhall Dr., Silver Spring, Md., Medical Director of the U.S. Department of Commerce, has been elected Vice President and President-elect of the Council of Federal Medical Directors for Occupational Health.

Dr. Selfon

1956

Dr. John B. Davies, 700 Duke St., Alexandria, Va., became board certified in psychiatry and neurology last year. He is now serving a two year term as Chief of Psychiatry at Alexandria Hospital.

Dr. Thomas G. Davis, Jr., 1833 Fulton St., Palo Alto, Calif., has been named Vice President, Research, for Smith Kline Instruments, Inc., a subsidiary of Smith Kline and French Laboratories. In his new position, Dr. Davis will be responsible for the development, evaluation, and implementation of new products in monitoring, resuscitation, ultrasound, clinical chemistry and related areas. He also will coordinate and direct the company's research activities in existing products and systems.

Dr. Gilgore

Dr. Sheldon G. Gilgore, 9 Rockwell Lane, Darien, Conn., has been named Director of Operations, Pfizer Pharmaceuticals, Roerig Division, responsible for all marketing, sales, and medical operations. Dr. Gilgore will continue on as Vice President and Chief Medical Officer at Pfizer Pharmaceuticals. He joined Pfizer in 1963 as Associate Director of Clinical Research and later held the posts of Director of Clinical Pharmacology and Director of Clinical Research. In 1969, he was appointed Vice President and Medical Director of Pfizer.

Dr. Joseph L. Magrath, Jr., Ashby and Chestnut Sts., Upper Darby, Pa., with **Dr. Sergius P. Pechin** '40, presented to a sectional meeting of the American College of Surgeons "Renal Dialysis in a Community Hospital—Construction of Arterio Venous Fistulas and Shoats."

Dr. Carlyle M. Thomas, Jr., 5 S. 2nd St., Bangor, Pa., opened a general practice last August, in Blairstown, N.J., while retaining his Bangor practice evenings.

Reunion Week Activities: 1971

Reunion Clinics, June 9
Dean's Luncheon, June 9
Class Parties, June 9
Alumni Banquet, June 10
Dedication Scott Library, June 10

50th for Class of '21
Dinner, Jefferson Hall, June 9. William T. Lemmon, M.D., Chairman

45th for Class of '26
Dinner, Jefferson Hall, June 9. John B. Montgomery, M.D., Neal R. Moore, M.D., Co-chairmen

40th for Class of '31
Dinner, Barclay Hotel, June 9. Luncheon, Union League, June 10. Dennis R. Gillen, M.D., Chairman

35th for Class of '36
Dinner-Dance, Jefferson Hall, June 9. Nicholas R. Varano, M.D., Chairman

30th for Class of '41
Dinner-Dance, Jefferson Hall, June 9. Willard M. Drake, M.D., Chairman

25th for Class of '46
Dinner-Dance, Racquet Club, June 9. William H. Baltzell, M.D., Chairman

23rd for Class of '48
Seaview Country Club, Memorial Day Weekend, May 28-31, 1971. Norman J. Quinn, M.D., Chairman

20th for Class of '51
Dinner-Dance, Place To Be Announced, June 9. Herbert C. Mansmann, Jr., M.D., Chairman

15th for Class of '56
Open House, Faculty Club, afternoon of June 9. Dinner-Dance, Drake Hotel, June 9. Leopold S. Loewenberg, M.D., Chairman

10th for Class of '61
Dinner, Place To Be Announced, June 9. Richard T. Padula, M.D. Theodore W. Wasserman, M.D., Co-chairmen

5th for Class of '66
Dinner, Jefferson Hall, June 9. Edward T. Carden, M.D., Chairman

1957

Dr. Stephen J. Kendra, 72 Lahiki Cir., Aiea, Hi., a Navy Commander, is Officer-in-Charge of Preventive Medicine Unit #6 at Pearl Harbor.

Dr. Howard S. Richter, 26 Suzanne Rd., Lexington, Mass., is Associate Chief of Medicine at Choate Memorial Hospital in Woburn, Mass. His wife, Lin Richter, is co-author of *Understanding Human Sexual Inadequacy,* the translation of Masters and Johnson's new book for the general reader.

Dr. Matthew L. Schaebler, 701 Jefferson Blvd., Reading, Pa., has a private practice in Lincoln Park, Pa. He keeps busy too with four children and church work.

Dr. Penn P. Shelley, 77 Sunset Strip, Succasunna, N.J., writes "our multispecialty medical group here in northern New Jersey now consists of seven generalists and eleven other specialists. We have incorporated and are planning an expansion of facilities to meet the needs of a rapidly expanding area."

Dr. James R. Stull, Phebe Hospital, Box 1046, Monrovia, Liberia, West Africa, finished his surgical residency at Ohio State in June. He is now serving a four year term as a medical missionary of the Lutheran Church in Liberia. His wife and three youngest children are with him, while the three oldest are in the U.S.

1958

Dr. Edwin R. Concors, 1135 Layton Rd., Philadelphia, recently returned from a month's European tour. He is back to work now as Chief of Pediatrics at Northeastern and Frankford hospitals.

Dr. Richard E. Eshbach, Valley Forge Rd., Worcester, Pa., is a psychiatrist working at the Philadelphia State Hospital and Abington Mental Health Clinic.

Dr. Richard F. Feudale, 419 McKnight St., Gordon, Pa., has completed a year course in internal medicine at the University of Pennsylvania Graduate School of Medicine.

Dr. Thomas F. McGarry, 10885 Crestmont, Philadelphia, has been appointed Director of Medicine and Cardiology at Lower Bucks Hospital, Levittown, Pa.

Dr. Vernon G. Wong, 5024 Druid Dr., Kensington, Md., has been appointed Clinical Director of the National Eye Institute. A branch of the National Institutes of Health, NEI is the primary federal organization for the support of research aimed at improved diagnosis, prevention, and treatment of visual disorders. As Clinical Director, Dr. Wong is responsible for supervision of NEI research involving patients and volunteers. Dr. Wong came to the Institute as Clinical Associate in 1962 when it was still part of what is now the National Institute of Neurological Diseases and Stroke. He was appointed Associate Ophthalmologist and Senior Investigator in 1967. Among his accomplishments at NIH Dr. Wong first demonstrated the value of immunosuppressive drugs in the handling of corneal graft rejections and other refractory conditions of the eye. He also helped develop a simple method for diagnosing the inherited metabolic disorder cystinosis. Dr. Wong interned at the University of Pennsylvania Graduate Hospital and took a residency in Ophthalmology there. Dr. Wong also serves as Senior Consulting Ophthalmologist to the Office of Economic Opportunity's antipoverty program. A charter member of Jefferson's Association for Research, Dr. Wong received Jefferson's Albert Strickler Memorial Prize for his essay "Chemotherapy of Acute Leukemia." He is currently engaged in research on uveitis and conjunctival and corneal diseases.

Dr. Wong

1959

Dr. Kenneth M. Blanc, 1404 Georgian Dr., Moorestown, N.J., practices general surgery and is affiliated with Rancocas Valley Hospital in Willingboro, N.J., where he is presently President of the Medical Staff.

Dr. John J. Danyo, 1317 Sleepy Hollow Rd., York, Pa., has been elected the first President of the newly formed American Association for Hand Surgery, Detroit, Mich. Dr. Danyo is also President of the Detroit J. L. Posch Hand Society. He is on the staff of York Hospital and is a member of the York County Medical Society and the Philadelphia Orthopedic Society. Dr. Danyo completed both his internship and residency at Jefferson.

Dr. Robert V. Davis, Jr., 200 Winding Way, Little Silver, N.J., practices ophthalmology in Red Bank, N.J., and is on the attending staff at Riverview Hospital, Red Bank. Dr. Davis was recently certified as a Diplomate of the American Board of Ophthalmology.

Dr. Trevor D. Glenn, 1043 W. Stuart Ave., Fresno, Calif., has been appointed Director of the Fresno County Department of Mental Health. Dr. Glenn also has been made Assistant Professor of Psychiatry at the University of California. He was formerly in private practice in Fresno, where he and his wife and two children live.

Dr. Mark S. Kauffman, 7919 Rolling Green Rd., Cheltenham, Pa., has joined the orthopedic surgery staff of Parkview Hospital in Philadelphia.

1960

Dr. John P. Brennan, 50 West Ridge St., Nanticoke, Pa., is now a Diplomate of the American Board of Internal Medicine. He is Chief of the Coronary Care Unit at the Wilkes-Barre V. A. Hospital.

Dr. John P. Galgon, 901 N. 19th St., Allentown, Pa., has left Allentown Hospital and joined the medical staff of Warren Hospital, Warren, Pa. Dr. Galgon taught at the University of Michigan Medical School prior to his appointment at Allentown.

Dr. Lee P. Haacker, 510 N. Street, S.W., Washington, D.C., is in an orthopedic practice there and serves as Clinical Assistant Professor of Orthopedic Surgery at Howard University.

1961

Dr. Robert R. Conte, 1222 Mountain View Dr., Greensburg, Pa., finished his ob-gyn residency at the Magee Woman's Hospital University of Pittsburgh School of Medicine three years ago, and since then has been practicing in a partnership in Latrobe, Pa. He received Board certification in 1969. "My family is still growing with number six on the way."

Dr. Stephen L. DeFelice, 430 Topping Hill Rd., Westfield, N.J., has been named Medical Director of Pfizer Laboratories, a division of Pfizer Pharmaceuticals. He was formerly Medical Director for the Roerig division of Pfizer.

Dr. Lewis H. Dennis, 13809 Vintage Lane, Silver Spring, Md., was elected a Fellow of the International Society of Hematology at Munich last summer.

Dr. David J. Graubard, 7589 Heatherwood Dr., San Jose, Calif., is one of two orthopedists at the Sunnyvale Medical Clinic. "Barbara and I are enjoying the California life." Their daughter, Miriam, just celebrated her first birthday.

Dr. Barry M. Kotler, 17 Meredith Place, West, Piscataway, N.J., practices general medicine in Piscataway, and is also Assistant Medical Director of Johnson and Johnson in New Brunswick, N.J. The Kotlers have two children.

Dr. Charles E. Lutton, 16 Ruthellen St., Holliston, Mass., resigned his Army commission in September. He has joined **Dr. Aloyius W. Farrell** '59, in the practice of internal medicine in Milford, Mass. The Luttons have a son and a daughter.

Dr. James Vorosmarti, 269 Bernhardt Dr., Buffalo, N.Y., is spending two years at State University of New York at Buffalo in a program of research in environmental physiology.

1962

Dr. William L. Dennison, Jr., 163 S. Union St., Burlington, Vt., has opened a practice in dermatology in Burlington and is teaching at the University of Vermont.

Dr. William V. Harrer has assumed directorship of the Clinical Laboratory at Our Lady of Lourdes Hospital, Camden, N.J. Dr. Harrer is also on the faculty at Jefferson. **"Dr. Barry Aikey** is associate pathologist at the hospital and **Dr. Stephen Vasso** will be joining me as hematologist."

Dr. Louis E. Levinson, 806 Bradley Rd., Joppa, Md., has completed an ob-gyn residency and is now stationed at the Aberdeen Proving Ground, Md. He plans to practice in Texas or California when he finishes his tour of duty with the Army. Dr. Levinson is married and has two daughters aged eight and four.

Dr. Raphael I. M. Price, 705 W. Carpenter Lane, Philadelphia, recently returned to Philadelphia after completing a residency in plastic surgery.

Dr. Joseph Snyder has opened an office for practice of ophthalmology and ophthalmic surgery at 1109 Spring Street, Silver Spring, Md.

1963

Dr. Robert M. Glad, 1505 Lombard St., Toledo, Ohio, has been named Instructor in the Department of Medicine at the Medical College of Ohio and Associated Hospitals where he is now completing a residency in internal medicine.

Dr. Joseph J. Prorok, 2137 Greenleaf St., Allentown, Pa., has joined the surgical practice of **Dr. Earl K. Sipes** '46, in Allentown.

Dr. Donald Rothfeld, 49 Beechcroft Rd., Short Hills, N.J., has been appointed assistant director of medicine, cardiology section, at Newark Beth Israel Medical Center. Dr. Rothfeld also teaches on the staff of the Department of Medicine at the New Jersey College of Medicine and Dentistry.

Dr. Martin A. Wishnev, 1311 Malvern Ave., Pittsburgh, Pa., has left the Cleveland Clinic where he was a Fellow in Gastroenterology to become Associate Attending Physician at Monsour Hospital in Jeannette. Dr. Wishnev also serves on the staffs of Montefiore, West Penn and Presbyterian University hospitals in Pittsburgh.

1964

Dr. Nancy S. Czarnecki, 9410 Academy Rd., Philadelphia, keeps busy with her general practice—and her year old son.

"The Bard and the Bolshoi"

Dr. John A. Koltes, class of 1947, and Mrs. Koltes thought alumni planning to go to Russia on the Continuing Education Seminar in April might be interested in their experiences on a recent tour of the theaters of London and Russia.

We left London in fifty-five degree weather after a week of theater by night and working days at the University College Hospital. Midnight the same evening, we arrived at Moscow Airport in a heavy snowstorm. Customs presented no problems except for those who brought Russian money with them. Although it is cheaper to buy Russian money in the USA than in the bank in Moscow, the officials at the border detained one couple for a short period, questioning them as to the source of their money. Visitors must declare all valuables, including cash, on entering and leaving the country.

The sights of Moscow are vast and unique for one accustomed only to European travel. Little English is spoken and it is difficult to identify names and places on signs because of the difference in the Russian alphabet. There is a silence and a drabness about the city as though it is unpopular or unsafe to express gaiety and pleasure. Few stores do any merchandising in this land of planned economy; night life and festivities are scarce. We left London crowded with Christmas shoppers on gaily decorated streets to enter Moscow with the same dense crowds but with no enthusiasm. The women of Moscow all seem to have the same dressmaker whose plain talents would not appeal to the western eye. And as for their size, it is a bone-crushing experience to stand in line waiting for one's coat at the end of the opera. The ladies sometimes more than the men elbow their way through the queue without speaking a word.

The University, the Lenin Hills, the Monastery, the Exhibition of Economic Achievement, the subway, the big housing development, the Pushkin Museum, Revolution Square, the Bolshoi are a few of the things to see in Moscow. Intourist provides the traveler with all of the information necessary about the city.

And the theater! Spectacular scarcely describes the spendor of their performances. Food, by the same token, is plentiful and can be compared to the average London fare. Except for the unusual and unappealing taste of the seltzer water, the meals were very appetizing. The ice cream is particularly excellent. Drinking vodka straight, eating caviar and smoked sturgeon are some of the pleasures of the Russian cuisine.

The hotels are comfortable. One can visit bars or cafes there and use either Russian or foreign money.

We flew to Leningrad after waiting at the Moscow airport for three hours because Leningrad was closed due to a snow storm. This city has little in common with Moscow. Whereas the capital is austere, formal, distant, detached, Leningrad is expansive, warm, open and charming. Of course its European and classical style architecture compared with Moscow's polyglot structures simply makes one feel he is on more familiar ground than when traveling about Moscow. And so does the different character of the people. They are more emotionally expressive. One hears people laughing, children playing and people singing. The stores promote their wares and there are some bright neon lights along Nevsky Prospeckt, the main thoroughfare.

Leningrad, the hero city of nothern Russia, was founded in 1703 by Peter the Great as St. Petersburg, in his terms a "window on the west." The architects were brought from Italy, France and England to construct a city of classical design on the marshes of the Neva River and the bay of Finland. There are 763 bridges in this city of canals, each with magnificent ornamental ironwork. A lovely city park, broad vistas of the river and buildings painted in bright yellows, oranges and greens, complete the panorama. The skyline is dominated by St. Isaac's Cathedral and the Admiralty Building. But the jewel of Leningrad is the winter palace of the czars, the Hermitage Museum. It is an assortment of large buildings, five in number, on the banks of the river overlooking Hare Island and the University of Leningrad. Within the walls of this stately structure are some of the most beautiful rooms and art work in the world. There are over three million exhibits, including some French impressionists, room after room of exquisite chandeliers, gold leaf. alabaster, malachite, bronzes, marble, and works by the European masters. It ranks with the Metropolitan, the Louvre, Versailles and the British Museum.

In Moscow and in Leningrad we often were followed by young boys asking for chewing gum and ball point pens. They will trade lapel pins for these things, which are scarce or unobtainable in the Soviet Union. One may also be approached to exchange money or sell his American clothes since clothing is expensive and old fashioned in Russia and there is evidently an active Black Market. Discretion rather than profit may be a wise move in such dealings. There is no way of identifying officials, either police or other authorities, except those in uniform directing traffic, and it would seem unwise to commit any act which might provoke an incident.

Highlights in Russia are the Pushkin Museum, the Kremlin churches and armory, the Bolshoi and particularly the Winter Palace in Leningrad—some of the heritage of millions of people whose lives and customs are infinitely varied.

Dr. Donald F. Eipper, Americana, Apt. 1515, 24455 Lakeshore Blvd., Euclid, Ohio, sends word that he has completed a tour of duty with the Army and been certified by the American Board of Internal Medicine. Dr. Eipper is presently at the Cleveland Clinic on a renal-hypertension fellowship.

Dr. Cyrus G. Houser, 4 Chalford Lane, Willingboro, N.J., has been named a Diplomate of the American Board of Pediatrics. Dr. Houser is associated with the Rancocas Valley Hospital, Willingboro.

Dr. Thomas J. Jackson has accepted a position with the radiology department of Akron General Hospital, Akron, Ohio. He began duties in November as diagnostic radiologist and is responsible for all special angiography procedures performed in the Akron area. He recently completed a residency at Germantown Hospital in Philadelphia. The Jacksons are parents of two daughters.

Dr. Edward C. Leonard, Jr., has been appointed to the senior psychiatric staff at Friends Hospital, Roosevelt Blvd. and Adams Ave., Philadelphia.

Dr. Harvey A. Levin, 3208 Shelburne Rd., Baltimore, Md., has opened an office in Baltimore for the practice of obstetrics and gynecology. Dr. Levin is married and has two sons.

Dr. Joseph H. Miller, Hillwood House Apartments, Apt. #12, 32 Wooded Way, Pikesville, Md., has been named Chief of the Pulmonary Medicine Section at St. Agnes Hospital, Baltimore. He is responsible for the direction and administration of the Pulmonary Function Laboratory and Inhalation Therapy.

Dr. John E. Riffle, 251 E. Baltimore St., Hagerstown, Md., has joined four other physicians in the practice of ophthalmology. His home address is Apt. 107, Hunter Hill Apartments, Hagerstown.

Dr. John E. Steele has joined the medical staff of Gnaden Huetten Memorial Hospital in Lehighton, Pa., where he also has opened an office. He recently completed a residency in internal medicine at Geisinger Medical Center, Danville, Pa.

1965

Dr. John Cashman is on the urology service at the U.S. Naval Hospital in Charleston, S. C.

Dr. Stanley S. Chaplin is now at Homestead AFB, Fla., assigned to the 4531st Tactical Hospital as an obstetrician and gynecologist.

Dr. Robert W. Elkins, 13720 S.W. 7th Ave., Miami, Fla., is in his second year of orthopedic surgery residency at Jackson Memorial Hospital, Miami.

Dr. Benjamin A. Halpren is on duty at CamRanh Bay AB, Vietnam, assigned to the 483rd USAF Hospital.

Dr. Ward L. Jones has a private anesthesiology practice and is associated with Los Robles Hospital in Thousand Oaks, Calif.

Dr. William F. Pharr, RD 5, Danville, Pa., completed a general surgery residency at Geisinger Medical Center, Danville, Pa., last June and is now serving with the U.S. Army at Chu Lai, South Vietnam.

Dr. Antonio Ramos-Umpierre, 145 Ave. Hostos, Apt. G-507, Rio Piedras, P.R., will finish his ophthalmology residency in June. He then starts a fellowship in retinal diseases and surgery at Wills Eye Hospital in Philadelphia.

Dr. Saverio Senape, 500 W. Diamond Ave., Hazelton, Pa., opened a pediatrics practice last September in Hazleton. Dr. Senape is a Fellow of the American Academy of Pediatrics and the American Medical Hospital.

Dr. Victor B. Slotnick, 312 Melrose Rd., Merion, Pa., presented a paper on "Immunologic Tolerance to Influenza Virus" at the New York Academy of Sciences meeting in September. The symposium was concerned with "Immunologic Tolerance to Microbial Antigens."

Dr. Donald H. Smith, 141 Blenheim Dr., Easton, Pa., joined another Easton physician in the practice of general surgery last August.

Dr. John C. Steiner has completed his neurology residency at Cincinnati General Hospital, and a six months fellowship at the National Hospital, Queen Square, London. He is now assigned to the Neurology Service, U.S. Naval Hospital, Philadelphia.

1966

Dr. Louis J. Centrella, 4400 Verona Dr., Klair Estates, Wilmington, Del., and his wife, Kathy, who are both twins, celebrated the first birthday of their own twins, Louis and Lori, in October.

Dr. William R. Collini, Dolley Madison East #101, 1855 Old Meadow Rd., McLean, Va., is in the third year of a urology residency at Georgetown, with one more year to go. Daughter Amy was born in 1968.

Dr. Joseph A. C. Girone, P. O. Box 896, Browning, Mont., will finish his tour of duty at Blackfeet Indian Hospital in June. He plans to return to the Philadelphia area at that time.

Dr. Thomas J. Green, 332 Park Ave., Swarthmore, Pa., is a first year resident in orthopedics at Jefferson. He, his wife and three children (Jeff, 6, Donna, 3 and Debbie, 2) recently returned from serving in Sicily.

Dr. Barton L. Hodes, 701 Deerfield Rd., Deerfield, Ill., opened a private practice in ophthalmology in Deerfield last July, after completing a residency at Jeff. The Hodes' second daughter was born in June.

Dr. Warren D. Lambright, RFD #1, Box 80-A, Middlebury, Ind., toured Europe last fall and is now back in the states after two years at the Evangelical Presbyterian Church Hospital, Adidome, Ghana. Dr. Lambright plans to continue his studies in internal medicine.

Dr. Arthur J. Schatz, 251 W. DeKalb Pike, D-608, King of Prussia, Pa., completed an ob-gyn residency at Pennsylvania Hospital and is presently a major in the Army. He is stationed at Valley Forge General Hospital in Phoenixville, Pa.

Dr. Michael C. Snyder has been appointed to the medical staff in the Department of Radiology at St. John's Hospital, Springfield, Ill. Dr. Snyder recently completed his residency at Henry Ford Hospital in Detroit, Mich.

Dr. David W. Vastine, 432 Chestnut St., San Francisco, Calif., is presently in Tunisia with his wife. Dr. Vastine is working on a research project in diseases of the eye under sponsorship of the Proctor Foundation of San Francisco.

1967

Dr. Stephen Byrne, Cooper Hospital, 6th & Stevens Sts., Camden, N.J., recently completed two years of active duty in the Army. He was awarded the Bronze Star and Combat Medical Badge while serving in Vietnam. Dr. Byrne is now in general practice in Camden.

Dr. Joseph J. Giombetti, 410 Clarkson Ave., Jessup, Pa., is practicing general medicine in Dunmore, Pa. with the Lackawanna Medical Group. He is associated with **Dr. Frank A. Milani** '59.

1968

Dr. Cyrus E. Beekey, Jr., R.D. #2 R.R. Box-39, Douglassville, Pa, a Captain in the U.S. Army American Division Artillery, has received the Bronze Star Medal near Chu Lai, Vietnam, for meritorious service in connection with military operations against hostile forces.

Dr. Judson H. Kimmel, P.O. Box 506, Poplar, Mont., will begin a residency in internal medicine next summer at the Mayo Clinic in Rochester, Minn. He is presently Service Unit Director for the Indian Health Service at the Fort Peck Indian Reservation. The Health Service there provides care for 5500 Sioux and other Indians. The Kimmels became the parents of a son, Judson Bruce, in September 1970.

1969

Dr. Robert Abel, Jr., 5900 Arlington Ave., Apt. 21-W, Riverdale, N.Y., is an ophthalmology resident at the Mount Sinai Hospital in New York City. The Abels' first child, Ari Daniel, was born in November.

Dr. Lawrence S. Berman, 2357 Pine Tree Dr., Apt. 21, Miami Beach, Fla., is a first year pediatrics resident at Jackson Memorial Hospital in Miami.

Dr. Stanley N. Brand, 3411 Wayne Ave., Bronx, N.Y., is a medical resident at Montefiore Hospital in the Bronx, N.Y.

Dr. Alexander C. Gellman, 130 New Road, Apt. P-8, Parsippany, N.J., married Donna Ann Getto in July. He is starting a urology residency at New Jersey College of Medicine in Newark, N.J.

Dr. Lee A. Malit, 803 Yeadon Ave., Yeadon, Pa., is a resident in anesthesia at the Hospital of the University of Pennsylvania.

Dr. Alan R. Maurer, 7705 S.W. 86th St., South Miami, Fla., has begun a pediatrics residency at Jackson Memorial Hospital in Miami

Dr. Vincent T. Randazzo, Jefferson Hospital, 11th & Walnut Sts., Philadelphia, was married to Phyllis Ann Pasquini in November. Mrs. Randazzo is a staff nurse at Methodist Hospital.

Dr. Alan L. Schein, 1356 E. Seminary Dr., Apt. 112, Fort Worth, Tex., was commissioned in the Public Health Service in July and is serving in a drug abuse center. He and his wife have a new baby daughter.

Dr. Benjamin P. Seltzer, 39 Irving St., Cambridge, Mass., is a Clinical Fellow in neurology at Harvard Medical School and a resident at Boston City Hospital.

Obituary

Joseph A. Moenig, 1896
Died October 23, 1970, at the Valley Nursing Home, Westwood, N.J., at the age of ninety-five. Dr. Moenig was a general practitioner in the Park Ridge, N.J., area since the early years of the century.

Forrest J. Bovard, 1897
Died June 17, 1970, in Los Angeles, Calif., at ninety-five.

James E. Nickel, 1903
Died November 21, 1970, aged ninety-two, at his home in Erie, Pa. Dr. Nickel served as medical examiner with the Pennsylvania Railroad for many years. He is survived by a son and two daughters.

Howard McC. Snyder, 1905
Died September 22, 1970 in Walter Reed Army Hospital. Major General Snyder served over fifty years of active duty in the Army Medical Corps. He was awarded the Legion of Merit for his eight years of service as President Eisenhower's personal physician.

General Snyder earned the Distinguished Service Medal for his performance as Medical Inspector General of the United States Army in World War II. Recalled to active duty in 1951 after three years of retirement, Dr. Snyder was appointed Senior Medical Officer of SHAPE and Special Advisor to General Eisenhower who was then Supreme Commander of the Allied Powers in Europe. General Snyder was later widely praised for his openness with the press during the President's illnesses. He encouraged Eisenhower to take up painting and always accompanied him to the golf course although a nongolfer himself. He helped secure the President's support for the hospital ship HOPE. General Snyder is survived by his wife, Alice, and two sons, Major General Howard McC. Snyder, Jr., USA (Ret.) and Colonel Richard C. Snyder, USAF (Ret.). His eldest grandson, Howard McC. Snyder III, recently graduated from Harvard Medical School.

John A. Bradley, 1906
Died February 27, 1970.

Horace G. Merrill, 1908
Died October 9, 1970 at the age of eighty-eight. Dr. Merrill practiced ophthalmology in San Diego, Calif., for twenty-five years until his retirement in 1960.

Joseph C. Fulmer, 1910
Died May 25, 1970, at West Volusia Memorial Hospital, Deland, Fla.

Frank W. McNamara, 1911
Died March 27, 1970. Dr. McNamara was well-known in the field of abdominal and thyroid surgery. He was a member of the founders group of the American Board of Surgery. Dr. McNamara served as President of the St. Elizabeth Hospital, Youngstown, Ohio, staff from 1937 to 1948 and as Chief of Surgery for five years.

James E. Van Gilder, 1912
Died August 20, 1970, at the Wilmington General Hospital, Wilmington, Del. Dr. Van Gilder was eighty-one.

William J. Goetz, 1913
Died October 29, 1970 in Elizabethtown, Pa. at the age of eighty. Dr. Goetz was chief of medicine for seventeen years at St. Joseph's Hospital, Reading, Pa. He belonged to the first class of fellows chosen by the American College of Cardiology in 1951. Six years later the regents of the American College of Chest Physicians waived the usual examinations required for membership and granted Dr. Goetz full fellowship in the College in recognition of his long experience in the treatment of heart diseases. Dr. Goetz is survived by his wife and a stepdaughter.

Charles R. Glenn, 1914
Died October 6, 1970. Dr. Glenn held the rank of Brigadier General, Retired, USAF.

Jack H. Harris, 1914
Died November 8, 1970. Dr. Harris served thirty years in the Naval Medical Corps, retiring with the rank of Captain. He then directed the Norfolk City Venereal Disease Clinic for eleven years until his retirement in 1952.

Paul A. Petree, 1914
Died January 24, 1970.

Juan M. Jimenez, 1917
Died June 19, 1970, at the age of seventy-seven. He was a Diplomate of the American Board of Radiology and a member of the New York County Medical Society.

Walter H. Wishard, 1917
Died October 11, 1970, at his Waynesboro, Pa. home at the age of seventy-six. Dr. Wishard had a general practice in Waynesboro since 1929. He is survived by his wife and two daughters.

Dewey H. Bridger, 1922
Died June 28, 1970.

Harvey R. Bauman, 1923
Died October 4, 1970, at the age of seventy-three. For many years Dr. Bauman served as a Medical Superintendent and Business Manager of Christian Hospital, Champa, India. He was working full time on the staff of Allentown Community Hospital shortly before his death.

Albert A. Hudacek, 1924
Died June 26, 1970, in Canonsburg, Pa., at the age of seventy. Dr. Hudacek was a member and past President of the Canonsburg General Hospital Medical Staff. He is survived by his wife and two children.

George Toth, 1924
Died May 24, 1970, in Yukon, Pa., at seventy. Dr. Toth was affiliated with Westmoreland Hospital, Greensburg, Pa., Henry Clay Frick Community Hospital, Mount Pleasant, Pa., and Jeanette District Memorial Hospital, Jeanette, Pa.

George D. Bloom, 1926
Died December 15, 1970 in Conemaugh Valley Memorial Hospital, Johnstown, Pa. Dr. Bloom served two terms on the Pennsylvania State Board of Medical Education and Licensure, becoming Chairman in 1960. A past President of the Medical Staff at Conemaugh Valley Memorial, he served as Chief of Gynecology there for fifteen years. Dr. Bloom was also a member of the surgical staff of Mercy Hospital from 1928 to 1955.

Edward L. C. Thomas, 1926
Died October 10, 1970 at the Philadelphia U.S. Naval Hospital. A retired naval officer, Dr. Thomas served on the Navy Bureau of Medicine and Surgery and the Veterans Board of Appeals during the Second World War. He is survived by his wife.

George N. Cunningham, 1927
Died May 2, 1970 at sixty-seven in St. Joseph Hospital, Houston, Tex., where he was affiliated.

Hubert H. Fockler, 1927
Died May 8, 1970 in Riverside Hospital, Columbus, Ohio. Dr. Fockler served as a psychiatrist at Athens State Hospital for twenty years and retired as superintendent of the hospital in 1961. He is survived by his wife.

David J. Kirk, 1929
Died September 25, 1970 in Tyrone Hospital, Tyrone, Pa. Dr. Kirk retired from general practice in 1968 but still worked as physician for the Well Baby Clinic, Westvaco Corporation, Chicago Rivet & Machine Company, and the Tyrone Area School District. He is survived by his wife and two sons.

Giles Wolverton, 1931
Died July 13, 1970. He is survived by his wife.

Joseph F. Hoffman, 1932
Died September 18, 1970 in Pittston Hospital, Pittston, Pa., where he was a member of the staff. Dr. Hoffman had practiced in the Pittston area for thirty-five years. He is survived by his wife and seven children.

Dorsey R. Hoyt, 1934
Died August 27, 1970 at the Indiana Hospital, Indiana, Pa. An eye, ear, nose and throat specialist, Dr. Hoyt practiced in Indiana for twenty years and was a member of the active staff of the Indiana Hospital. He is survived by his wife, Helen, and a son.

Davis L. Moore, 1936
Died November 16, 1970, at sixty-six, in the Pitt County Memorial Hospital, Greenville, N.C. Dr. Moore organized the obstetrical department at Pitt County Memorial Hospital and co-founded the Greenville Clinic. He is survived by his wife and two children.

Carl A. Tobias, 1943
Died October 15, 1970 at the Scranton State General Hospital, Scranton, Pa. Dr. Tobias practiced in Scranton for over twenty years and was affiliated with Mercy Hospital, St. Mary's Hospital, Hahnemann Hospital, and Moses Taylor, all in Scranton. He was also Assistant Chief of the Scranton Clinic of the Tuberculosis Society. He is survived by his wife and four daughters.

Francis E. Wiedmann, 1952
Died October 28, 1970 at the age of forty-four in Holy Redeemer Hospital, Meadowbrook, Pa. Dr. Wiedmann was a pathologist at Einstein Medical Center, Northern Division and taught on the faculty at Temple Medical School. He is survived by his wife and two daughters.

Howard Freedman, 1959
Died October 23, 1970 in Chester-Crozier Medical Center, Chester, Pa. Dr. Freedman served at Cooper Hospital, Camden, N.J., and was a part time instructor in pathology at Jefferson. He is survived by his wife and two daughters.

John B. K. Smith, Staff
Died February 4, 1970.

FOURTH ANNUAL JEFFERSON ART EXHIBIT

Sponsored by the Thomas Jefferson University Faculty Wives Club
June 7 to June 11 1971 Jefferson Hall

A non-competitive exhibition designed to provide an opportunity for sharing artistic endeavors with all Jeffersonians. Works in all media (oil, watercolor, pastel, sculpture, photography, tapestry, ceramic, metalics, etc.) are acceptable. Exhibits limited to two per person. Applications must be received by April 15. Entries will be received on Thursday, June 3, room 139, Jefferson Hall, between 9 A.M. and 4 P.M. Entries must be ready for exhibiting. Reception for exhibitors on Monday, June 7 from 5 P.M. to 7 P.M.

Entry Form for Jefferson Art Exhibit

Name _____

Address _____

Jefferson Affiliation _____ Department _____ Class _____

Exhibit 1 _____ Medium Used _____ Size _____ Title _____

Exhibit 2 _____ Medium Used _____ Size _____ Title _____

Basic care of exhibits will be provided but all entries will be submitted at own risk.

Mail Applications to
Mrs. John H. Hodges, Chairman
Alumni Office
Jefferson Medical College
1020 Locust Street
Philadelphia, Pa.